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ROYAL COMMISSION OF INQUIRY INTO CERTAIN  
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND  
RELATED MATTERS.

Hearing held  
8th floor  
180 Dundas Street West  
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange	Commissioner
P.S.A. Lamek, Q.C.	Counsel
E.A. Cronk	Associate Counsel
Thomas Millar	Administrator

Transcript of evidence  
for  
February 21, 1984

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ROYAL COMMISSION OF INQUIRY INTO CERTAIN  
DEATHS AT THE HOSPITAL FOR SICK CHILDREN  
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Hearing held on the 8th Floor,  
180 Dundas Street West, Toronto,  
Ontario, on Tuesday, the 21st  
day of February, 1984.

THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner  
THOMAS MILLAR - Administrator  
MURRAY R. ELLIOT - Registrar

APPEARANCES:

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T.C. MARSHALL, Q.C.)	Counsel for the Attorney
D. HUNT )	General and Solicitor General
L. CECCHETTO )	of Ontario (Crown Attorneys
	and Coroner's Office)
I.J. ROLAND)	Counsel for The Hospital for
M. THOMSON )	Sick Children
R. BATTY )	
B. PERCIVAL, Q.C.)	Counsel for the Metropolitan
D. YOUNG )	Toronto Police
K. CHOWN	Counsel for numerous Doctors
	at The Hospital for Sick
	Children
E. McINTYRE	Counsel for the Registered
	Nurses' Association of Ontario
	and 35 Registered Nurses at
	The Hospital for Sick Children
H. SOLOMON	Counsel for The Ontario
	Registered Nursing Assistants

(Cont'd)...



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APPEARANCES: (Continued)

D. BROWN	Counsel for Susan Nelles - Nurse
E. FORSTER	Counsel for Phyllis Trayner - Nurse
J.A. OLAH	Counsel for Janet Brownless - R.N.A.
B. KNAZAN	Counsel for Mrs. M. Christie - R.N.A.
S. LABOW	Counsel for Mr. & Mrs. Gosselin, Mr. & Mrs. Gionas, Mr. & Mrs. Inwood, Mr. & Mrs. Turner, Mr. & Mrs. Lutes, and Mr. & Mrs. Murphy (parents of deceased children)
F.J. SHANAHAN	Counsel for Mr. & Mrs. Dominic Lombardo (parents of deceased child Stephanie Lombardo); and Heather Dawson (mother of deceased child Amber Dawson)
W.W. TOBIAS	Counsel for Mr. & Mrs. Hines (parents of deceased child Jordan Hines)
J. SHINEHOFT	Counsel for Lorie Pacsai and Kevin Garnet (parents of deceased child Kevin Pacsai)







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--- Upon commencing at 10:00 a.m.

KATHLEEN COULSON, Resumed

THE COMMISSIONER: Yes, Mr. Lamek.

MR. LAMEK: Thank you, sir.

Mr. Commissioner, before I continue with the examination of Miss Coulson I have reviewed the binder of extracts from the tour end reports that Miss Thomson was good enough to prepare over the weekend and copies are being prepared at the moment. I think I would like, with Miss Coulson's help, to identify the kind of information one finds in these tour end reports and I hope that copies will be available for all counsel later in the day.

Essentially what Miss Thomson has done is to go through each of the tour end reports for the shift preceding that upon which a child died, to identify whether that child was named on the tour end report as being one of those more seriously ill than others and where she has found such references to the children she has blocked out references to other children with whom we are not concerned, and quite properly so obviously because there is a strong element of confidentiality about information bearing on those other children, and she has reproduced the report so expurgated for us and







1  
2  
3 she has also gone back, as I asked her to, where a  
4 child did appear on the tour end report for the  
5 shift immediately preceding that upon which he or  
6 she died, she has gone back to find the preceding  
7 days or preceding shifts upon which that child  
8 similarly appeared on the tour end report.

9 So, if for example a child was on the  
10 tour end report for three days prior to the shift  
11 on which he died, those reports similarly expurgated  
12 are included here under that child's name.

13 THE COMMISSIONER: So, I take it  
14 then we can assume if the child was not, if she didn't  
15 go back, that it wasn't, is that correct?

16 MR. LAMEK: That's correct, that's  
17 right.

18 THE COMMISSIONER: And if there is  
19 nothing about the child, it never was on a tour end  
20 report.

21 MR. LAMEK: But I can set your mind  
22 at ease on that one, sir, because of the 36 children  
23 whose deaths we are reviewing each and every one of  
24 them, save only Woodcock, was on the tour end report  
25 for the shift immediately preceding his or her death.

THE COMMISSIONER: Yes, all right.

MR. LAMEK: Perhaps before I offer







1  
2 that to be marked as an exhibit I could just have  
3 Miss Coulson help me with the format of the report  
4 so that people when they get the report, copies of  
5 the report later will at least know what they are  
6 looking at.

7 DIRECT EXAMINATION BY MR. LAMEK: (Continued)

8 Q. Miss Coulson, I'm looking for  
9 example at page 1.

10 THE COMMISSIONER: I'm sorry,  
11 Miss McIntyre has some comment.

12 MR. LAMEK: I'm sorry.

13 MS. MCINTYRE: Thank you, sir. I'm  
14 sure that Miss Coulson can identify the basic  
15 information in going through the format but she has  
16 not had an opportunity to review the actual reports  
17 for some three years now and I would ask that before  
18 she is asked detailed questions about them that she  
19 will have the opportunity to review them.

20 MR. LAMEK: Mr. Commissioner, I  
21 don't propose to ask a single detailed question at  
22 this time, just to explain the nature of the informa-  
23 tion that is set out in the reports and in the form  
24 of the thing, that's all.

25 MS. MCINTYRE: That's fine, but I'm  
sure some other counsel may have some detailed questions.





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THE COMMISSIONER: Well, when he does, when he or she does, presumably they will point them out to Miss Coulson and ask for whatever information she can give. Isn't that legitimate?

MS. McINTYRE: Well, Mr. Commissioner, I had asked last night that Miss Coulson have the opportunity to review the tour end reports over the night and I guess because they were just being prepared yesterday that wasn't convenient. All I am asking is that she have an opportunity to look through them before she is asked detailed information on them.

THE COMMISSIONER: Well, yes, the only problem about that you see is that we are going to come to cross-examination before the day is over. But surely it will be sufficient if she just looked at them at the particular one that someone is referring to. I don't know what kind of a question, but supposing a question like this is, I note that there was said - is there something said about each child?

MR. LAMEK: Yes.

THE COMMISSIONER: That the following was said about the child, does that indicate that the child was well or ill or something of that nature, then surely she can look at that and answer that question.







1  
2  
3 MS. McINTYRE: Well, yes. I'm sure  
4 that some questions she can answer but Miss Coulson  
5 has expressed a desire to me that she has the  
6 opportunity to review them in advance when they are  
7 produced.

8 THE COMMISSIONER: Yes.

9 MS. McINTYRE: But perhaps we can  
10 deal with it as it comes up.

11 THE COMMISSIONER: I think we can  
12 deal with it as it goes along. But certainly there  
13 will be a copy for Miss Coulson I take it.

14 MR. LAMEK: Yes, as soon as possible.

15 THE COMMISSIONER: And whenever  
16 you are allowed a moment off, by all means take them  
17 with you. Don't hesitate, Miss Coulson, if somebody  
18 asks you some question about something that is in  
19 the tour end reports, say you want to look at it and  
20 look at it as long as you feel you have to to answer  
21 the question. I don't think you will have that  
22 much trouble but if you do just say so.

23 THE WITNESS: Okay.

24 THE COMMISSIONER: And we will tender  
25 it.

Yes, all right, do you want to make  
it an exhibit did you say?







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MR. LAMEK: Could we perhaps just  
identify the form of the information, Mr. Commissioner?

4

THE COMMISSIONER: Yes.

5

6

7

8

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10

11

12

MR. LAMEK: Q. Could we look  
perhaps at page 12 of this, and I select that because  
it refers to a child Dawson who appeared but once  
on the tour end report and we don't therefore have  
to look back to the preceding one. Page 12, it is  
dated at the bottom July 27, 1980 and it refers to  
Ward 4A. The report is divided into three columns  
which correspond, as I understand it, to the shifts  
worked by the supervisors.

13

A. The eight shifts, that's correct.

14

15

16

17

18

Q. The first one beginning at  
1500 hours, 3 o'clock in the afternoon, the next  
one beginning at 11:00 in the evening, 2300 hours,  
and then the next one at 7 o'clock in the morning.  
Your shift as I understand it was the middle column  
from 2300 hours to 0700 hours.

19

A. That's right.

20

21

22

23

24

25

Q. And the top part of the form  
records such information for each shift as admissions  
to the ward, discharges from the ward, transfers.  
The next is under 2's. What are under 2's, is that  
age?





1

2

A. Under the age of 2.

3

4

Q. Okay. Number of adults, rooms  
in isolation.

5

A. Yes.

6

7

Q. How many children on the ward  
were in constant nursing care and the number of  
deaths on the particular shift on that day.

8

9

The next block of information for  
each shift indicates the staffing of the ward, does  
it not. It identifies the nurse in charge, team  
leader I take it.

10

11

12

A. Yes.

13

14

Q. And the number of registered  
nurses and RNA's or relief people who were working  
with her.

15

16

A. Yes.

17

18

19

20

21

Q. And then at the bottom of  
the page there is a block for patient information.  
On this one the first part of that on the front of  
the document happens to be blocked off because it  
related to some other child but on the back of the  
page that is continued and there is a reference to  
Amber Dawson, is there not?

22

23

A. Yes, there is.

24

25

Q. And am I right in thinking that







1  
2  
3 for a child listed on the tour end report, although  
4 the three columns are not drawn on the page, they  
5 were in fact continued and each supervisor on comple-  
6 tion of the shift would update that child or add the  
7 child if she thought something had happened to justify  
8 placing the child on report during her shift.

9 A. It was done in different  
10 colours.

11 Q. Yes. That unhappily doesn't  
12 come out in this, but you're quite right, the evening  
13 supervisor used one colour, the night supervisor  
14 another and the day supervisor yet a third.

15 A. That's right.

16 Q. So that you could tell at a  
17 glance the progress of the child through the day?

18 A. That's right.

19 Q. Okay. But I have described  
20 have I essentially the setup of the information that  
21 is contained on these reports?

22 A. Yes.

23 MR. LAMEK: Okay. Perhaps that can  
24 now be marked as an exhibit, Mr. Commissioner.

25 THE COMMISSIONER: 360.

---EXHIBIT NO. 360: Binder of Extracts from the  
Tour End Reports.







1  
2  
3 MR. LAMEK: Q. Miss Coulson, before  
4 we go on there are a couple of matters from your  
5 evidence yesterday to which I would like to revert to  
6 if I may, please. At page 4178 of yesterday's  
7 transcript, Mr. Commissioner - perhaps I can bring  
8 it there so you can look at it with me - I was  
9 asking you about the meeting or the discussion that  
10 you had with Miss Coulson on the evening of Tuesday,  
11 March 24th, you will remember.

12 A. Mrs. Johnstone?

13 Q. I'm sorry, with Mrs. Johnstone,  
14 you're right. At the top of the page I asked you:

15 "Q. Whom did you think might be  
16 involved? Whom did you say to  
17 Mrs. Johnstone you thought might be  
18 involved on that basis?

19 A. Can I answer it now? Phyllis  
20 Trayner.

21 Q. Did Mrs. Johnstone agree with  
22 you?

23 A. No, she said Susan Nelles.

24 Q. And your response to her  
25 suggestion was what?

A. Susan wasn't there when Lombardo  
died."





1  
2 And then I asked you this question:

3 "Q. Do I have this correctly then  
4 that reaching back across the nine  
5 months and looking at the deaths  
6 recalling them in your mind, in your  
7 mind you had rejected Susan Nelles as  
8 the common thread because on at least  
9 one occasion, the death of the Lombardo  
10 child, she had not been present?

11 A. Yes. It stood out in my mind."  
12 Do you recall telling me that  
13 yesterday?

14 A. Yes.

15 Q. Why did you attach significance  
16 to Susan Nelles' absence at the time of the Lombardo  
17 death, was that a death which on looking back you  
18 thought to have been surprising, unexpected,  
19 unexplained, something of that sort?

20 A. No, it was, as I said yesterday,  
21 having met her brother the next night, that helped  
22 me remember the Lombardo.

23 Q. But I take it that one might  
24 expect on a cardiology ward a certain number of  
25 deaths to occur from purely natural causes from the  
child's diseased condition. Is that fair?

A. Yes, that's fair.







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Q And if indeed Nurse X or Dr. Y is not present on the occasion of an obviously natural death, that is not an element that has much significance in trying to establish the connection between suspicious deaths and the perpetrator?

A That is right.

Q And therefore I suggest to you that there was perhaps something about Lombardo that made you think it significant that Nelles had not been there? Do you understand the point I am putting to you?

A Yes, I do.

Q And I ask you, was there any such thing about Lombardo's death which made you attach significance to Nelles' absence?

A On having gone over the charts as I have, Lombardo's death stands out because of the high potassium, and as I had mentioned in my testimony yesterday, the doctor that I saw take the IV bag and put it into his pocket may have been at Lombardo's death, and that might be the reason why I would remember Lombardo's death.

Q Yes.

A But I can't be certain.

Q Because you are not certain that





B.2

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did occur at Lombardo's death?

3

A. That is right.

4

5

6

Q. Are you suggesting that it may have been that you were connecting that recollection, the doctor's action and the IV bag, with Lombardo's and therefore attached some significance to it?

7

A. That is my only reason.

8

9

10

11

Q. You could think of no other basis for regarding Lombardo's death as a significant one in terms of the presence or absence of particular personnel?

12

A. It was close to Christmas.

13

Q. Yes.

14

A. And that's all that stands out in my mind.

15

Q. All right.

16

17

18

19

20

And I asked you, and this is found at page 4180 whether you had stated to anybody subsequent to your conversation with Mrs. Johnstone your disbelief in Susan Nelles' involvement in these deaths and your reason for that disbelief.

21

You said, page 4180 at line 7:

22

23

24

25

"When I gave a statement to the police I told them that I found it difficult to believe that Susan could







B.3

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"have done it and that she hadn't  
been there for some of the deaths.

4

"Q. Do you recall the occasion upon  
which you said that to the police?

5

6

"A. When I talked to - it was after  
Susan's arrest I had an interview  
with one of the policemen."

7

8

I suggested that Mr. Percival might be  
interested in pursuing it. But I said:

9

10

"Your recollection is clear,

11

Miss Coulson, is it, that you did

12

tell the police that it was your

13

belief that Miss Nelles was not the

14

person responsible for the deaths

15

and you explained to them your reason  
for so believing?

16

"A. I told them I had trouble

17

believing that Susan did it and that

18

she hadn't been there for a lot of -

19

no, not a lot, that she hadn't been

20

there for some of the deaths.

21

"Q. What was the response of the  
police officers when you said that?

22

"A. We are here to talk about Cook.

23

"Q. Is this the occasion of your

24

25





B.4

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"first interview with the police?

3

"A. Yes."

4

And you identified that occasion as being on April 3rd.

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A. I remember making a statement to those words.

Q. All right.

A. Not the exact words but to that effect.

Q. All right.

THE COMMISSIONER: And that was on April 3rd?

THE WITNESS: Yes.

THE COMMISSIONER: That was the first time you were interviewed?

THE WITNESS: Yes.

MR. LAMEK: Q. Now that was an interview that you had with Sgt. Warr I believe?

A. Yes.







B.5

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Q In the Administrative conference room at the Hospital?

4

A Yes.

5

6

Q And have you subsequently seen a transcript or a copy of the notes made by Sgt. Warr during that interview?

7

A Yes.

8

9

10

11

Q Miss Coulson, I am obliged to put that document to you, not I stress because it contradicts what you have said but that it fails to disclose what you have said. And - never mind the "and".

12

13

You have seen a copy of the notes have you not?

14

A Yes, I have.

15

16

Q And you have a copy of them with you?

17

A Yes, I do.

18

19

20

21

22

Q And in the notes I think you will agree with me after setting out your professional and educational background, and they are stated in the first person as though you were speaking, then go on to recount the events of the night of Saturday, March 21, Sunday, March 22, and the death of Justin Cook, do they not?

23

A Yes.

24

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B.6

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Q. And to the extent that they do that, I say on my review of them they appear to be entirely consistent with your evidence yesterday, and I am not challenging any part of your evidence yesterday on that basis, but is it fair to say there is no reference in this statement of what you said to the kind of information which you say you gave to the police on that occasion as to your lack of belief in Susan Nelles' involvement and the reasons for that lack of belief?

A. That is not on that statement.

Q. It is not on it? When did you first get an opportunity to review this copy of the notes, or a copy of the notes?

A. Just before the preliminary hearing.

Q. Did you at that time draw to the attention of any police officer that although the statement appeared to be accurate as far as it went it did not contain all of the statements that you made on that occasion?

A. Did I say that to the police?

Q. Yes.

A. I don't remember.

MR. LAMEK: Perhaps having referred to







B.7

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those, Mr. Commissioner, I want to ask that that  
statement be marked as an exhibit, please?

3

4

MR. TOBIAS: Mr. Lamek, are copies  
available for counsel?

5

6

MR. LAMEK: Yes.

7

THE COMMISSIONER: Yes, but I am  
pausing briefly.

8

9

MR. PERCIVAL: I am concerned - you  
know I have no objection to it going in but I don't  
see - if there was some kind of contradiction involved --

10

11

THE COMMISSIONER: Yes.

12

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14

MR. PERCIVAL: -- it would be relevant  
and that is one of the concerns I have and that has  
been the basis upon which you, Mr. Commissioner, have  
made the exception in the past.

15

16

THE COMMISSIONER: Yes.

17

18

19

MR. PERCIVAL: I mean the questioning  
was going to be along the same lines that I was going  
to put that there is no reference to it, and that is  
the end of the matter.

20

21

THE COMMISSIONER: I am really looking  
to you, Miss McIntyre, what is your position?

22

23

MS. McINTYRE: I have no objection to  
the statement going in and --

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THE COMMISSIONER: Miss Coulson is your  
client, I take it?





B.8

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MS. McINTYRE: That is correct.

THE COMMISSIONER: You can't do much about that, Mr. Percival.

MR. PERCIVAL: No, I am not objecting to it but it just doesn't follow the same procedure --

THE COMMISSIONER: No, no, I know it doesn't but I haven't been asked to make a ruling. These can always go in on consent of the person who has stated --

MR. PERCIVAL: All right. Fine, thank you.

MR. LAMEK: I confess, Mr. Commissioner, without any discussion at all with Mr. Percival, I had rather suspected that he might want to pursue this line and if indeed there were to be reference to this statement and its lack of mention then it seemed to me appropriate that the statement itself --

THE COMMISSIONER: There comes a time when there is too much. That I think was the substance of my ruling.

MR. LAMEK: Yes.

THE COMMISSIONER: When there is too much discussion about it when it has to go out to counsel, but that doesn't make it an exhibit.

MR. LAMEK: Well, I am content that it







B.9

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not be marked as long as it be available for everybody.

3

4

THE COMMISSIONER: Well, Miss McIntyre has not objected and Mr. Percival's objection goes out the window when she doesn't object.

5

6

7

8

MR. PERCIVAL: I am not objecting, Mr. Commissioner. I am merely pointing out to you, sir, that it does have a different basis than all the other ones.

9

10

THE COMMISSIONER: Yes. I understand that.

11

All right, what number is it?

12

THE REGISTRAR: 361.

13

--- EXHIBIT NO. 361: Copy of statement dated April 3, 1981 of interview with Miss Coulson.

14

15

16

MR. LAMEK: Q. Now, Miss Coulson, there were just a couple of areas I would like to discuss with you if I may.

17

18

19

20

First, do I understand that part of your role as a nursing supervisor was to be satisfied that competent and careful nursing care was being furnished by the nurses on the floor and the wards in your area?

21

22

23

24

25

A. Yes.

Q. So far as the Phyllis Trayner team was concerned did you have any basis at any time





B.10

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to question the competence or the experience or the  
quality of care provided by that team?

3

4

A. Did I question it?

5

Q. Yes. Did you have any cause in  
your own mind to have reservations about the competence  
and experience of that team?

6

7

A. No, I did not.

8

9

Q. In the course of your duties  
were you ever aware of any tensions or conflicts or  
problems between any members of that team?

10

11

A. Yes.

12

Q. And between whom?

13

A. Between Phyllis Trayner and  
Susan Nelles.

14

15

Q. How was that manifested?

16

A. Oh, they would have occasional  
bickering; there was a tension at times between them.

17

18

Q. And did that occur from time to  
time in your presence?

19

A. Yes.

20

Q. And did you observe it directly?

21

A. In my presence, yes.

22

Q. Was that true of the entire  
period with which we are concerned; that is to say  
from July of 1980 until March of 1981 on your  
observation?

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A. It seemed to improve - it seemed  
to improve at one point. It was never out of hand.

Q. Were you - indeed I believe you  
were present at the resuscitation effort on the child  
Jordan Hines? You were there, were you not?

A. Yes.

-

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C/DM/ak

Q. Was there any conflict or disagreement between nurses on that occasion, that you observed?

A. Yes, there was some bickering between Susan Nelles and Phyllis Trayner.

Q. Can you tell me what that was about please?

A. It was about a pacemaker.

Q. Can you give me your best recollection of the incident please?

A. They were having a discussion about the pacemaker and it got a bit louder. I had not paid much attention to it, I was busy doing something, and then Dr. Tom Costigan was there and said "Ladies, please", and that is when my attention was really brought to the fact that they were speaking a little louder than usual. Then I spoke to them later about the time and the place for such discussions.

Q. Can you help us more of your recollection, you referred to it as a discussion, was there an element of disagreement in the discussion?

A. They were bickering.

Q. About what, you say about a pacemaker, but what about a pacemaker?

A. I don't remember the exact words,





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it was about a pacemaker, or different types, to that effect.

Q. Have you any reason to think that that incident in any way interfered with the quality of the care and the efforts that were being expended on Jordan Hines' behalf at that time?

A. Not at all.

Q. Did the death of Jordan Hines surprise you?

A. It was unexpected.

Q. For what reason do you say it was unexpected?

A. When I went to the arrest, to the best of my recollection I didn't expect it to be him that had arrested.

Q. Now, for the death of Jordan Hines you were supervising Wards 4A and 4B were you not?

A. Yes.

Q. You had seen the child prior to the arrest in the course of the shift?

A. I would expect I would have, I would have to check on my tour end sheets.

Q. Would it be useful for you to look at that now?







1

2

A. Yes.

3

Q. At pages 128-130, and they

4

are arranged chronologically. The first tour end

5

sheet on page 128 being for March the 5th. The night

6

on which you were in charge of the ward, the night

7

beginning March the 7th. By all means look at any-

8

thing you need to do there, Miss Coulson, in order

9

to help you with it.

10

A. From the tour end sheet I have

11

marked a check mark, which to me the child had

12

remained - and I have also written "stable", so to

13

me that child was stable when I saw him. I don't

14

know what time it was, but it was prior to 4:20.

15

Q. Well, if you followed your

16

normal pattern that evening I take it you would have

17

been on Ward 4A/B at approximately 12:30 - 1 o'clock

18

in the morning?

19

A. It would be after 12:30, yes.

20

Q. And he was pronounced dead

21

at 4:45 in the morning - I'm sorry, Hines I think

22

was about 4:45.

23

A. I have got it as 6:45 here.

24

Q. It may not hugely matter

25

for the purpose of my question, Miss Coulson, but

on the basis of your observation of the child when





C4  
1  
2 you made your rounds of the ward at 12:30 - 1 o'clock  
3 in the morning and that sort of time, you say - was  
4 it on that basis that you say that the child's death  
5 later that shift was surprising to you?

6 THE COMMISSIONER: I have the time  
7 of death at least in Exhibit 344 at 5:25, but I don't  
8 know --

9 MR. LAMEK: 5:25.

10 THE COMMISSIONER: 5:25 which is a  
11 compromise between you and Miss Coulson.

12 MR. LAMEK: We will accept somewhere  
13 between 4:45 and 6 o'clock, how is that?

14 THE COMMISSIONER: All right.

15 MR. LAMEK: Whatever it may be  
16 worth from another source, Mr. Commissioner, the  
17 death is shown as 4:10.

18 THE COMMISSIONER: I am looking at --

19 MR. LAMEK: Q. Let's take your time,  
20 Miss Coulson, of approximately 6 o'clock in the  
21 morning, 6:45.

22 THE COMMISSIONER: Mr. Tobias should  
23 be able to put the matter at rest. What time do you  
24 say?

25 MR. TOBIAS: I say about 4:35, sir.  
So there you go, Mr. Commissioner.





C5  
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3 MR. LAMEK: You get a prize for  
4 coming closer to my time.

5 Q. Nevertheless, on the basis of  
6 your observation as you have noted it on the tour  
7 end report, Miss Coulson, did you as at 12:30 -  
8 1 o'clock in the morning expect that child to be  
9 dead within five or six hours?

10 A. No, I did not.

11 Q. And in that respect did you  
12 regard the death as a surprising one?

13 A. Yes, it was unexpected.

14 Q. Now, later that month, indeed  
15 within a very few days, there was a night upon which  
16 two children died, one on the shift, Baby Manojlovich,  
17 and the other, Pacsai, died shortly after the end of  
18 your shift, he got into trouble if I may put it that  
19 way during the night shift, do you recall those  
20 two children?

21 A. Yes, I do.

22 Q. You were present at the  
23 arrest of Michelle Manojlovich?

24 A. Yes, I was.

25 Q. I ask you again were you  
surprised that that child died, and once again you  
may want to refer to your tour end report if it







C6

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2

assists your memory.

3

A. What was the date?

4

Q. The 12th. Although you

5

probably would be looking at the shift starting on

6

the 11th I would think, the tour end report dated

7

the 11th.

8

A. Michelle Manojlovich had been

9

on the tour end sheets for the two previous days.

10

Q. Yes.

11

A. It is on here on constant

12

care on the 9th; she was on constant care on the

13

8th of March; she was on constant care on the 7th of

14

March; she had gone to the ICU on the 4th of March;

she had been on for quite a bit.

15

Q. Yes.

16

A. On the tour end sheet, and

17

she was the 2nd as well. She had aspirated and went

18

to ICU on the 4th; and she had been on, as I say

19

constant care; it looks like she was on shared care

on the 10th and she died on the 11th.

20

Q. She died on the morning of

21

the 12th?

22

A. The morning of the 12th. It

23

is written here, and I don't know whose writing it is,

24

by one of the supervisors, that she had finished her

25





C7  
1  
2 antibiotic, she had blood sent through for culture  
3 and sensitivity "Looks a bit better. Prognosis poor.",  
4 and she died that morning at 3:45.

5 Q. As I look at the duty roster  
6 for supervisors, Miss Coulson, this I think is  
7 Exhibit 345, the two nights previous to that upon  
8 which this child died were nights upon which  
9 Mrs. Johnstone was working, and I take it therefore  
10 it is likely she had been supervising 4A and 4B on  
those two nights.

11 A. That's right.

12 Q. On the night of the 7th and  
13 the 8th, I think you said the child was on the tour  
14 end report on those days?

15 A. The 8th, yes.

16 Q. Certainly on that night  
17 Mrs. Johnstone had not been on duty, but you had.  
18 I would take it that you were supervising 4A and B  
19 on the night when Mrs. Johnstone was not on duty?

20 A. Yes.  
21  
22  
23 -----  
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Q. But is it fair then that your last observation as the person supervising the ward, the last observation of that child had been the 8th of March because on the two preceding nights it was Mrs. Johnstone who had been supervising that ward?

A. I would have to say yes.

Q. Okay. And did you really have sufficient current information to form an assessment at the time as to whether Manojlovich's death was a surprising or unexpected one?

A. Current information?

Q. Yes, as of the night she died.

A. Oh, no, no.

Q. Therefore, at that time I take it other than such information as may have been imparted to you by Mrs. Johnstone, you would have no personal impression upon which to be surprised or not surprised that the child died?

A. That's right.

Q. Okay. Now, was the same true of Baby Pacsai?

MR. TOBIAS: Excuse me just one moment, Mr. Lamek. This may be an opportune time to mention this because Mr. Lamek is moving on to





1 another child. So that there won't be any  
2 confusion, my information regarding the time of the  
3 Hines' arrest, and I'm not sure that anything turns  
4 on it, but just so that we don't confuse the  
5 witness, Nurse Reaper noted at page 66 of his chart  
6 that the child arrested at 4:10. Dr. Costigan's  
7 arrest note indicates that the child arrested at  
8 4:25.

9 My information, which comes from the  
10 parents and it is not in the medical chart, is that  
11 some time between 5:30 and 6:00 a.m. Drs. Rose and  
12 Costigan came to them and indicated that the  
13 resuscitation effort had been abandoned and we know  
14 from the evidence that the resuscitation effort was  
15 an hour to an hour and a half in the Hines' case.  
16 So, that would place the time of death some time  
17 between 5:30 and 6, depending on who is accurate  
18 as to what time he arrested.

19 THE COMMISSIONER: Yes, all right,  
20 thank you.

21 Well, the hour is 5:25 that we were  
22 working on on Exhibit 3 and that seems to have been  
23 taken on for everything else. I take it that is  
24 no doubt - Miss Cronk isn't here and she is  
25 responsible for all those dates. But is there not





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a time of 5:25 on the abandonment of the resuscitation  
somewhere in the chart?

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MR. TOBIAS: I have not come across  
it, Mr. Commissioner.

5

6

THE COMMISSIONER: Well, we can cross-  
examine Miss Cronk on that some time and see where  
she got it.

7

8

MR. TOBIAS: Thank you.

9

THE COMMISSIONER: Yes, all right.

10

MR. LAMEK: Thank you, I am grateful  
to Mr. Tobias for that.

11

12

Q. Now, as we said, the other  
child who got into trouble that night, although he  
did not die until after the end of your shift, was  
Kevin Pacsai. Had you seen Kevin Pacsai during your  
shift on the night of March 11th/12th?

14

15

16

A. That was the night of  
Manojlovich's death?

17

18

Q. The same night that Manojlovich  
died, yes.

19

20

A. Yes, I saw the baby that morning.

21

Q. And what was his condition at  
the time that you saw him?

22

A. He was starting to go funny.

23

Q. He was starting to go funny?

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A. Yes.

Q. Can you tell me what you mean by starting to go funny?

A. I would have to look at his chart.

Q. Would that be of help to you?

A. Yes.

MR. LAMEK: Could we have that, Mr. Registrar, please, the chart for Kevin Pacsai.

MR. SHINEHOFT: It is Exhibit 106.

MR. LAMEK: 106, thank you.

A. From what the chart says and from what I remember about Manojlovich, the baby died, or Manojlovich died about 3:30, a quarter to four.

Q. Yes.

A. And Susan Nelles has written in here on Pacsai that she had started to feed Kevin at approximately 4 o'clock and he became ---

THE COMMISSIONER: What page are you referring to?

THE WITNESS: Oh, I am sorry, page 65.

THE COMMISSIONER: Thank you.

MR. LAMEK: Q. She started to feed him at about 4 o'clock?





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A. And he went limp. He was  
lethargic and went limp in her arms.

Q. Yes.

A. And I was still on the floor  
at that point.

Q. And did you go in to see him?

A. I remember going in to see him,  
yes.

Q. And what was your impression  
of him when you saw him?

A. I remember him being a larger  
baby than some of the other babies on the floor.  
I remember seeing him - the picture I have in my  
mind was that he was pink and a beautiful baby and  
Dr. Costigan had come in and looked at him.

Q. Now, the child, as you say,  
was in your words starting to go funny, and mine  
getting into trouble about that time in the morning?

A. Yes.

Q. And we know the course of  
events that followed. Did you learn later that he  
had died early in the morning after your shift in  
the ICU?

A. Yes, I heard that later.

Q. When did you learn that?







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A. I would have to look in my  
schedule to see if I was on that night.

Q. I believe you were.

A. That was the 12th?

Q. The 12th, yes.

A. Yes, I was on that night.  
So, I would have found out when I came in.

Q. Indeed not only were you on  
but Mrs. Johnstone was off and it is therefore  
likely is it not that you were supervising for  
A/B that night?

A. Yes.

Q. Is it your recollection then  
that you learned of his death when you next were on  
that ward or on duty?

A. I would have known before  
I went around.

Q. Before you got to the ward?

A. Yes.

Q. I ask you again, and I use  
the word surprise, were you surprised on the basis  
of what you saw of that child that he got into  
the difficulty that he did and died as he did?

A. He was transferred to ICU.

Q. Yes.





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A. And he died in ICU. I can't really say whether I was surprised or not because I didn't know what was going on with his heart.

Q. All right. But I ask you really a double-barrel question. Since the child had gone to the ICU, perhaps it is not surprising that the child dies in the ICU.

A. That's true.

Q. It indicates a serious condition, does it not?

A. Yes.

Q. But I also ask you whether you were surprised that he got into the difficulties that he did on the basis of what you saw of him. Did it surprise you that he deteriorated as he apparently did so rapidly?

A. So rapidly, yes, that did surprise me.

Q. All right. Now, you told us yesterday that on one occasion at least you spoke to Dr. Costigan about these deaths, and you told us about that conversation. I don't know whether I asked you if you could recall approximately when that conversation occurred. If I didn't, let me ask you now. Do you have a recollection of when





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it was?

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A. I had more than one conversation  
with him.

4

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Q. All right.

6

A. I can't remember when they  
were.

7

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Q. Can you help us whether they  
were in the fall, in the late part of 1980, the  
early part of 1981, can you even help us that far?

9

10

A. I would have to say in the  
winter, going into January of '81.

11

12

Q. And you had more than one such  
conversation with Dr. Costigan?

13

A. Yes.

14

15

Q. Can you give us your best

16

recollection then of the different discussions  
or conversations you had with him on these deaths.

17

Were they all initiated by you. Who raised the  
question of the deaths as between you and Costigan?

18

19

A. I don't remember whether he  
did or I did, I don't remember.

20

Q. All right.

21

A. We talked about the fact that  
they were always happening at night, that they were  
babies, that it was always on 4A/B, it was always

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the same nursing team, I felt reassured that he  
and other people were looking into the baby deaths.

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Q. Did it appear to you that  
he also had observed the same patterns that you  
observed?

7

A. Yes.

8

9

Q. And did it appear to you that  
he shared your concern and questions about those  
patterns?

10

A. Yes.

11

12

13

14

Q. All right. Other than telling  
you that the matters were being looked into, was  
he able to give you any other reassurance or  
comfort?

15

A. The fact that he was concerned  
helped me.

16

17

18

19

Q. Other than your conversations  
with Dr. Costigan, did you discuss the deaths and  
the patterns that you had seen with any other  
physician in the Hospital?

20

A. I remember talking to Dr.  
Schaffer about them.

21

22

Q. Do you recall when that was?

23

A. It would have been in 1981;  
whether January, February, March, in that time period.

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Q. And how did that conversation  
come about?

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A. That would have come up probably  
around the time of an arrest, after an arrest.

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Q. And were the same matters  
discussed with Schaffer as there had been with  
Costigan, that is, the occurrence of these deaths  
in the middle of the night, the age of the children  
and so on?

10

11

A. Yes, to see if there was any  
explanation.

12

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14

Q. Did it appear to you that  
Dr. Schaffer had made the same observations as  
to the patterns that you and apparently Dr. Costigan  
had?

15

16

A. To the best of my recollection,  
yes.

17

18

Q. Was he able to offer you any  
comfort or reassurance?

19

A. No, he seemed frustrated.

20

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Q. Other than Drs. Costigan  
and Schaffer, did you have any discussions about  
these deaths with any other physician; I don't mean  
now about individual deaths but about the sequence  
or the pattern of deaths?







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A. Not that I remember.

3

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Q. Did you attend a meeting at  
the home of Mrs. Radojewski on Monday, March 23rd?

5

A. No.

6

Q. Were you invited to that  
meeting?

7

A. No.

8

9

Q. Were you aware that it was  
being held?

10

A. I heard about it after.

11

12

Q. You had no notice that it  
was going to be held and you were not invited?

13

A. No.

14

15

16

Q. All right. Did you ever  
discuss the number and the sequence and the pattern  
of deaths with any member of the Phyllis Trayner  
team?

17

A. I am sure we talked about it.

18

19

Q. Do you have any particular  
recollection of any particular conversations?

20

A. Not a particular conversation.

21

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Q. All right. How did the members  
of that team, and I am now thinking of all of them,  
how did the members of that team appear to you to  
be handling the strain of these deaths?





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A. They seemed to be closer together. They were supporting each other. It was a very traumatic time for all of us. Lynn and I seemed to be there a little more, we were closer to them probably - I felt closer to them than to any other team on 4A/B Ward.

Q. And they appeared to you to be drawing closer together themselves, did they?

A. Yes.

Q. In particular, we know that there were three registered nurses on that team, that is to say, Nurse Trayner the team leader, Nurse Nelles and Nurse Scott. Those three, on the evidence that we have had, were on duty for more of these deaths than were the RNA's on the team. I don't know whether you made that observation but I tell you that is the evidence that we have had.

Casting your mind back over the nine month period if you can, can you tell me your observations as to how each of those three registered nurses appeared to be handling the stress and the strain of these ongoing deaths?

A. Do you mean during the arrest or after the arrest?





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Q. I mean in any way that you can help me. How did each of them appear to be dealing with this ongoing problem?

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A. I remember Phyllis was always - she always went for a cigarette and a coffee after an arrest. She would be quite vocal during an arrest and telling people what to do, bossy at times.

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Q. Yes.

A. And always wanted to get the child to ICU. She was always crying after. Susan seemed calmer, very efficient, she would be outspoken at times, frustrated with what was going on. I don't remember seeing her crying, but that isn't to say that she didn't cry. Sui Scott was hyper, a bit jumpy at times and she seemed to settle down a little later; we did speak about it. I don't remember seeing her cry but I know she was aggitated.

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Q Did each of the three - no matter how she individually chose or was able to express it - did each of the three appear to you to be distressed and disturbed and upset by these deaths? They may have manifested it differently but was that the impression or what was your impression?

A They were really concerned with what was happening, and each showed it in their own way.

MR. LAMEK: Miss Coulson, thank you very much. Those are my questions.

THE COMMISSIONER: Mr. Brown - oh, I am sorry, Miss McIntyre?

MS. MCINTYRE: Thank you, Mr. Commissioner.

EXAMINATION BY MS. MCINTYRE:

Q Miss Coulson, I would like to first ask you some questions, some general questions about the administration of medications.

I take it as a registered nurse and as a staff nurse you have been involved in the administration of medications?

A Yes.

Q And as a supervisor you supervise nurses administering medications?





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A. Yes.

Q. Do you feel you are familiar with  
accepted practice and procedure in that regard?

A. Yes.

Q. Can you tell us if Nurse A gives  
a patient medication who should sign for that medication?

A. Nurse A.

Q. Thank you. And can you tell us  
what your source of that is? Is there a written rule  
or where did you learn that?

A. In nursing school.

Q. Can you tell us offhand if there  
is a written rule somewhere to that effect?

A. I would imagine it's in the Policy.

Q. Now in spite of this rule can you  
tell us if at times when Nurse A may give a medication,  
Nurse B may record that medication in the records?

A. I am sorry, would you repeat that?

Q. If there are times when though  
one nurse may give the medication it may be recorded  
by another nurse?

A. Yes, there would be times.

Q. Are you familiar with that  
practice?

A. I know it happens.





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Q. Can you give us any idea as to  
how frequently that happens?

4

A. I would say occasionally.

5

Q. Okay.

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THE COMMISSIONER: Is there any  
indication when she signs for it as to whether she  
has given it or not?

8

THE WITNESS: Usually it is verbal.

9

THE COMMISSIONER: Verbal?

10

THE WITNESS: If a nurse was busy and  
someone else gave her medication and had signed for  
it, that would be how I would imagine that it would  
be told. She would say "I signed - I gave your  
medication for you".

14

THE COMMISSIONER: That is not what --

15

THE WITNESS: No?

16

THE COMMISSIONER: What I am really  
concerned about, the signing of the chart. When you  
sign on the chart that you have given a medication  
but it has actually been done by somebody else, do you  
give any indication that it was actually performed by  
somebody else?

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What is disturbing me about all this  
is that there is no way of looking at a chart, if you  
say this is legitimate (and there seems to be some

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E.4

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doubt as to whether it is legitimate) because we have  
heard before it shouldn't be done; and you have told  
us in the nursing school it shouldn't be done --

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THE WITNESS: That is right.

6

THE COMMISSIONER: -- but nevertheless  
it appears to be done? That is what you are saying?

7

8

THE WITNESS: It is done occasionally.  
And it should not be done, and if a nurse has signed  
for something that she didn't give, there is really  
no excuse for that.

10

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THE COMMISSIONER: Well, supposing you  
are the supervisor.

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THE WITNESS: Yes.

14

THE COMMISSIONER: You say it is done  
verbally. Somebody tells you. Would anybody tell you  
"I didn't give this but I signed for it because  
so and so told me that she did it"?

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THE WITNESS: They wouldn't tell me  
that, no.

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THE COMMISSIONER: They wouldn't?

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THE WITNESS: That wouldn't be something  
they would tell me.

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THE COMMISSIONER: Why would they not  
tell you?

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THE WITNESS: Because that would be

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E.5

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something between the two nurses, and they would know that that wasn't the thing, the proper way of giving the medication.

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THE COMMISSIONER: Well, what I am finding trouble - you see you answered Miss McIntyre saying it is done occasionally.

6

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THE WITNESS: Yes.

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THE COMMISSIONER: Is it just the fact that you know people don't do what they should do, is that why you are saying it?

10

11

THE WITNESS: Yes.

12

THE COMMISSIONER: Is it ever done with approval by the Hospital?

13

14

THE WITNESS: If it is done with approval it would have been signed given by Nurse A per Nurse B.

15

16

THE COMMISSIONER: That I would have thought is the way it should be done.

17

18

THE WITNESS: That is the way it should be done.

19

20

THE COMMISSIONER: And I don't see anything radically wrong with that. We do it all the time in our profession. We are always signing somebody else's name but we sign it per ourselves.

21

22

23

THE WITNESS: That is right.

24

25





E.6

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THE COMMISSIONER: That means that we have been authorized to do it, so then at least you know who did it?

5

THE WITNESS: Exactly.

6

7

THE COMMISSIONER: But if it is signed by Nurse B when Nurse A administered it, then there is a false impression given.

8

9

10

THE WITNESS: That is right, because you would think the other nurse gave it, the one who signed for it.

11

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THE COMMISSIONER: Now I certainly led you through that, but I want to ask you at the beginning and perhaps Miss McIntyre will follow this up in some other way: did you ever, and I can tell you that anything that you answer by the Statute itself or by the Charter of Rights you are protected from any prosecution: do you ever yourself sign for medication that you did not yourself administer? And if you don't want to answer it, don't answer it.

19

20

THE WITNESS: I may have. I don't remember. It is not a usual practice of mine.

(2)

21

THE COMMISSIONER: All right. Thank you.

22

Yes, Miss McIntyre?

23

24

25

MS. MCINTYRE: Q. Miss Coulson, just







E.7

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2

to clarify: you told the Commissioner that there would be a verbal report. Do I take it you are referring as between the two nurses, Nurse A and Nurse B?

5

A. Yes.

6

7

Q. And Nurse A might say that I gave your medication for you and Nurse B would then sign the medication off?

8

9

A. That would be what -- I would expect that happened.

10

11

Q. What circumstances from your experience might that occur?

12

13

A. If the nurse was really busy - if Nurse A was really busy.

14

15

Q. And given that you recognize that it does happen from time to time as the Supervisor how serious would you consider that breach of the rule to be?

16

17

18

A. If I knew it was happening I would speak to that person.

19

20

Q. Now can you tell us if you are familiar at all with the practice whereby prior to medications being given they would be signed off in the medical records?

21

22

23

A. I am not familiar with that practice.

24

25





E.8

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Q. And is that proper procedure?

3

A. No, it isn't.

4

Q. When should medication be signed  
off in theory?

5

A. After they are given.

6

Q. Would that be immediately after-  
wards?

7

8

A. It should be.

9

Q. And when in practice from your  
experience are they signed off?

10

11

A. When the nurse takes the time or  
has the time to get the chart to sign them off.

12

13

Q. And in your experience are the  
times recorded for giving medications always absolutely  
precise?

14

15

A. Not exactly to the minute. We  
are usually given a half hour leeway.

16

17

Q. Now, Miss Coulson, I want to  
ask you some questions about your role as Night  
Supervisor at The Hospital for Sick Children.

18

19

Can you tell us first of all with  
respect to those nights when Lynn Johnstone was not  
on duty and you therefore would be responsible for  
Wards 4A/B, how many nursing units in total would you  
be responsible for?

20

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23

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E.9

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A. Up to 18.

3

4

Q. And how many patients would that involve?

5

A. It could be between 250 and 300.

6

7

Q. So I take it from that that you did not have a great deal of time to concentrate either on one nursing unit or on one particular patient?

8

A. That is right.

9

10

11

12

Q. And now without going through the specific duties of your job, can you tell us in general terms what you understood your responsibilities to be as a night supervisor?

13

14

15

16

17

18

A. To assess the nursing care that the children were receiving during the night shift, to problem solve in any situation, a problem that came up, to ensure that there was adequate staffing, to recognize the needs of a particular unit, and to arrange staff accordingly for the next day so it would be projecting the staffing.

19

20

21

Q. And when you refer to problems are you referring to individual problems that came up on a night-by-night basis or are you referring to overall problems?

22

23

24

25

A. Whatever happened during the night shift.







E.10

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Q. Did you have any say as to how a  
individual nursing unit was to be administered?

4

A. No.

5

Q. Whose role was that?

6

A. The head nurse.

7

Q. And what input did you have into  
the overall nursing administration of the Hospital?

8

A. None.

9

Q. Who would that be?

10

A. Who would?

11

Q. Who would have responsibility for  
the overall nursing administration of the Hospital?

12

13

A. At that time it was the Director  
of Nursing.

14

Q. That is Miss Geiger?

15

A. That is right.

16

Q. Who was your immediate supervisor?

17

A. Mary Sword.

18

Q. And what was her position?

19

A. She was the 11 to 7 co-ordinator.

20

Q. Did you report to her on a  
formal daily basis?

21

A. Not formally.

22

Q. How did you report to her?

23

A. Verbally, of any concern or

24

25





E.11

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anything that I felt she needed to know.

Q. Did you report daily to anyone?

A. If the day co-ordinator was there at 7:30, before I went off, I would give her a summary of what took place the night before.

Q. And with respect to 4A/B that would generally be Miss Pyykkonen?

A. Mrs. Lea Pyykkonen, that's right.

Q. And you would give her a verbal report and she would also get the tour end report; is that right?

A. That is right.

Q. Other than the tour end reports, were you involved in making any routine documentation as to what had happened on the night shift?

A. As to what had happened?

Q. Yes.

A. The tour end sheets - we kept a record of the staffing and the parents that were staying, and the census.

Q. The census, did that include information as to the deaths?

A. Yes.

Q. And who would that go to, do you know?





E.12

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2

A. I can't remember.

3

Q. You left it in the Nursing Office?

4

A. Yes.

5

Q. I take it that the tour end reports did include an analysis of deaths on the shift?

6

A. Yes.

7

Q. Now did you have any formal reporting relationship with the head nurse of the unit, various units, for which you were responsible?

9

10

A. No.

11

Q. Would you in fact see the head nurses on a routine basis?

12

A. Routine, no.

13

Q. Would you have any meetings with them at any time?

14

15

A. No.

16

Q. In fact were you involved in any meetings of any sort on a formal basis either with other night supervisors or other senior nursing personnel?

19

A. No.

20

Q. Was there any forum for you to sit down and analyze long term problems?

21

22

A. No.

23

Q. I take it your interaction with

24

25







E.13

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2

the doctors was on an ad hoc basis as to who you  
happened to see in the units on nights?

4

A. That is right.

5

6

7

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9

10

Q Now then turning specifically to  
the concerns that you had with the deaths that were  
occurring on 4A/B during the nine-month period in  
question, I take it that with respect to those  
instances where you were in charge of 4A/B for the  
night shift that you would make a report to someone  
in the morning; is that right?

11

12

13

A. If Mrs. Pyykkonen or whoever was  
there in her place - she was away for a while - I  
would report to her, yes.

14

15

Q Okay. And if she wasn't there?

A. Whoever was taking her place, if  
they were there.

16

17

18

Q And I take it on the weekends  
that that rule was assumed by one of the head nurses  
who was working the weekend?

19

20

21

A. Yes. It would be a co-ordinator  
on and at that time there was a co-ordinator and two  
head nurses.

22

23

Q Did you report the individual  
deaths to Miss Sword, your immediate supervisor?

24

25

A. Yes.





F/DM/ak

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Q. Do you recall discussing, not the individual deaths, but the overall concerns you had about the deaths with any of your superiors in the nursing office?

A. Yes, I had talked to Miss Sword. I remember talking to Miss Greenleaf, Mrs. Pyykkonen, Miss Richardson and I believe Mrs. Miller.

Q. Who is Mrs. Miller?

A. Mrs. Miller was at that time the staffing co-ordinator.

Q. The staffing co-ordinator?

A. Yes.

Q. And over what period of time, can you pinpoint when these discussions took place?

A. It would be on an ongoing basis.

Q. And would that be over the entire nine-month period?

A. Yes, it would be particularly around the time when we would have a run of - so I would have to say in the summer of 1980 and in the winter around Christmas time.

Q. And what response did you get from those individuals that you were expressing your concerns to?

A. They heard what I was saying,





1  
2  
3 and I assumed they were looking into what was going  
4 on.

5 Q. Did you have any specific  
6 understanding as to what was being done, if anything,  
7 about the problem?

8 A. - Not specifically.

9 Q. Were you ever asked to attend  
10 any kind of meeting, to sit down and analyze what  
11 was happening on 4A/B?

12 A. No.

13 Q. Do you recall if you raised  
14 your concern about the deaths with either of the  
15 head nurses on 4A and 4B?

16 A. I don't remember.

17 Q. You have told Mr. Lamek about  
18 the discussions that you had with the doctors. I  
19 take it you didn't attend any of the rounds, or any  
20 meetings that the doctors would attend with respect  
21 to the discussion of the deaths?

22 A. That's right.

23 Q. Mr. Lamek has asked you some  
24 questions about your reaction to particular deaths  
25 and whether or not the death was a surprise to you,  
or expected by you. Can you tell me how much experi-  
ence you had had in the area of cardiology prior to







F3 1  
2 assuming your supervisory duties at the Hospital?

3 A. Not very much.

4 Q. And how would you compare your  
5 expertise in cardiology with that of say Mrs. Johnstone?

6 A. Mrs. Johnstone had worked in  
7 the ICU and was quite familiar with cardiology,  
8 whereas my experience was with caring for babies  
9 that had had cardiac catheterization, and perhaps  
10 going relieving on the cardiac floor.

11 Q. Could you compare your  
12 expertise with that of Mrs. Radojewski?

13 A. Well, Mrs. Radojewski had great  
14 experience in cardiology, she had been a teaching  
15 team leader before she was a head nurse.

16 Q. As far as your knowledge of  
17 the particular children, would you have reviewed their  
18 medical charts?

19 A. No.

20 Q. Where did you get the information  
21 from on which you would make an assessment of the  
22 child when you did your initial rounds? I take it,  
23 I haven't had an opportunity to review them in detail,  
24 but I take it you would make comments on the tour end  
25 reports, is that right?

A. Yes.





F4

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Q. Where would that information  
come from?

4

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A. From the nurse that I would go  
on rounds with, or from the nurse caring for the  
child.

7

8

9

Q. And would you necessarily be  
familiar with the details of the medical history of  
the child?

10

11

12

A. When we would make rounds the  
nurse would tell me, summarize what had happened to  
the child, whether or not the child had had surgery,  
a bit of the background information.

13

14

15

16

Q. Now I take it that the routine  
was that Mrs. Johnstone routinely was the supervisor  
on 4A/B and you covered for her essentially when she  
wasn't there?

17

18

19

A. Yes.

Q. Is that right, on her days off?

20

21

22

A. Yes.

THE COMMISSIONER: I don't know if  
"covered for her" is the right word, substitute?

23

24

25

MS. MCINTYRE: Q. Substitute for  
her, is that a better word?

A. Yes.

Q. Thank you, Mr. Commissioner.





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3 So I take it that you would be on  
4 4A/B for maybe two or three days and then you would  
5 be away for a time period?

6 A. Yes.

7 Q. So your exposure to the  
8 children would be intermittent?

9 A. Yes.

10 Q. Given all that do you feel that  
11 you were in a position to assess whether the death  
12 of the child was consistent or inconsistent with  
13 the child's clinical condition?

14 A. I couldn't state that, no.

15 Q. Were you aware of the mortality  
16 and morbidity meetings that occurred in 1980,  
17 September of 1980, with respect to the deaths of  
18 the children on 4A/B?

19 A. Not that I remember.

20 Q. So I take it you were not  
21 invited?

22 A. That's right.

23 Q. What about the meeting in  
24 January of 1981, were you ever made aware that that  
25 meeting had occurred?

A. Which meeting is that?

Q. The meeting in January of 1981,







F6 1  
2 involving a discussion amongst a number of staff  
3 both from medicine and nursing with respect to the  
4 deaths?

5 A. I heard about the meeting.

6 Q. Again I take it you were not  
7 invited?

8 A. That's right.

9 Q. Did you have any understanding  
10 as to the results of that meeting?

11 A. I knew that they had looked  
12 into the baby deaths and there was some talk of a  
13 step-down unit.

14 Q. Did you have - did your hearing  
15 about that meeting ease your concerns in any way  
16 with respect to the problems on 4A/B?

17 A. Yes, because there were a  
18 great number of people that were meeting and I was  
19 glad to hear that that meeting had taken place.

20 Q. And I take it that you had  
21 talked to Dr. Costigan around that same time from  
22 what you have told Mr. Lamek?

23 A. From what I remember, yes.

24 Q. Now following that meeting in  
25 January, I take it - or at least during the month of  
January you were on the ward for only one death, and





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that is the Estrella death on January the 11th, is  
that right?

4

A. I was there for it, yes.

5

6

Q. And then in February I believe  
that you were there only with respect to --

7

THE COMMISSIONER: I'm sorry, there  
was only one death.

8

9

MS. MCINTYRE: Yes, there was only  
one death in January.

10

11

12

Q. And I believe in February that  
you were present only with respect to the death of  
Floryn?

13

14

A. In February? I remember being  
on vacation in February.

15

16

Q. And so in fact that you were  
not on for any other deaths until that of Leith on  
March 6th of 1981, is that right?

17

18

A. That's right.

19

20

21

Q. So following what you heard  
from the meeting in January, did you have any reason  
to have particular concerns about the deaths on 4A/B  
until the second week, or beginning March 6th of 1981?

22

A. That's right.

23

24

MS. MCINTYRE: Mr. Commissioner,  
did you wish to take the break?

25

F7





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Coulson, ex.  
(McIntyre)

4253

F8

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3 THE COMMISSIONER: Yes, thank you,  
4 you are quite right. Thank you for reminding me,  
5 I wouldn't like the first day for the experiment not  
6 to go on. Thank you, we will take 20 minutes.  
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G/BM/ak

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--- Upon resuming.

3

THE COMMISSIONER: Yes, Miss McIntyre.

4

MS. McINTYRE: Q. Miss Coulson,

5

aside from the arrests on 4A/B where you were

6

actually in charge of the unit, I take it that you

7

would also attend the others where you were not

8

in charge?

9

A. Yes, I would answer the Code

10

25.

11

Q. So that all the ones that

12

appear on Category A and B on Mr. Lamek's chart you  
would have attended at some point during the arrest?

13

A. Yes.

14

Q. And what would your role be

15

if you were the second supervisor?

16

A. To do whatever was needed.

17

Q. Now, I would like to take you

18

to the weekend starting March 21st. I know that

19

Mr. Lamek has taken you through that but I would like  
to ask you a few questions.

20

When did you first learn that there

21

might be an inquest on the Pacsai child?

22

A. I learned that the morning

23

of the 21st, the Saturday morning after Allana Miller  
had died.

24

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Q. And when did you first learn that Pacsai was reported to have a high digoxin level?

A. At the same time.

Q. Did you at that time learn what the level was?

A. No.

Q. Do you recall when you acquired that information?

A. No.

Q. Was the mere fact of learning that a high digoxin level had been recorded in the child without knowing what the level was a startling revelation to you?

A. No, I knew of other children who had had high digoxin levels.

Q. It wasn't unheard of?

A. No, it wasn't unheard of.

Q. And when did you first learn that the police were involved in an investigation at the Hospital?

A. Either the Monday morning or the Tuesday morning.

Q. And then I take it you learned that Susan Nelles was charged on the Wednesday?





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A. The Wednesday afternoon I heard, yes.

Q. And just so that we are clear, when did you first think that someone might be deliberately causing the deaths of these children?

A. Somebody deliberately?

Q. Yes.

A. The Tuesday night.

THE COMMISSIONER: I'm sorry, what was that question, when did you what?

MS. MCINTYRE: When did she first think that somebody might be deliberately causing the deaths of the children?

Q. Now, yesterday when Mr. Lamek was asking you questions he asked you the following question at page 4132 of the transcript:

"Q. Did you at any time, Miss Coulson, prior to late March of 1981 entertain the thought that somebody might be causing the deaths by accident or otherwise?"

And your answers was:

"A. That thought did enter my mind.

Q. Can you tell me when?

A. I would have to say in the







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"early part of March, about the second week."

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6

Now, first of all, can you please clarify the date which you were referring to with respect to the deaths of particular children perhaps?

7

8

A. That I would start to think that something...?

9

10

11

12

Q. When you referred in your evidence:

"I would have to say in the early part of March, about the second week.", what were you referring to?

13

14

A. There was a week there when there were I think five deaths in a row.

15

16

17

18

Q. I take it that that would start on March the 6th with the death of Leith and on the 7th the death of Warner and on the 8th the death of Hines and on the 9th the death of Gionas. Would that be the week you were referring to?

19

20

A. That would be the week I would be referring to, yes.

21

22

Q. And can you please clarify to us what your thoughts were at that time?

23

24

25

A. Something was happening to these children. Now, I don't exactly remember what





1  
2 my thoughts were.

3 Q. Did you at that time entertain  
4 the possibility that someone was deliberately causing  
5 the deaths of the children?

6 A. At that time?

7 Q. Yes.

8 A. No, I didn't.

9 Q. Now, you later told Mr. Lamek  
10 at page 4146 of yesterday's transcript that when you  
11 learned that the digoxin was locked up, when on  
12 coming to work on the Saturday night, that you  
13 thought the digoxin might be the explanation for the  
14 deaths. Perhaps I should read it to you:

15 "Q. Is it fair to say then that  
16 although you had not considered  
17 digoxin and high levels as an explana-  
18 tion merely upon learning of the  
19 Pacsai elevated concentration, when  
20 that was put together with the news  
21 that digoxin had been locked up it  
22 did then occur to you that digoxin  
23 might be the thread that ran through  
24 these deaths?

25 A. Yes.

Q. All right.





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"Now that having occurred to you as the some thing, did that not bring you face to face with the some one possibility because digoxin doesn't find its way on its own into babies; is that fair?

A. That's fair.

Q. Okay. Did that occur to you that evening when you came on duty and received that news?

A. No. I was more concerned with the actual digoxin or maybe the actual digoxin concentration or the fact that maybe there had been an overdose, an accidental overdose -- "

Can you explain to us first of all what you meant by digoxin concentration?

A. My thoughts at that point would have meant concentration coming from pharmacy, the pharmaceutical company, that there was something wrong with the digoxin itself.

Q. And how in your mind would that lead to a high level of digoxin being found in Pacsai or other children?

A. When the nurses would draw up







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the digoxin calibrated for that particular dose that they were giving too much, the strength would be too concentrated.

5

Q. And would that be a some body or a some thing in yesterday's analysis?

7

A. That would have been a some thing in that it was the digoxin ~~and that~~ it would have been some body in that they would have drawn up the digoxin but it would be the concentration that was what was running through my mind.

11

Q. Okay. And can you clarify what was in your mind with respect to an overdose, an accidental overdose?

14

A. That in calculating a dose of medication that the calculations were wrong and not picked up, that it would be unaware, the nurse would be unaware that this had been given.

17

Q. Okay. Were you given a reason on that Saturday night by anyone as to why the digoxin was being locked up?

20

A. There was the concern for the digoxin.

21

Q. Were you told what the concern was?

23

A. No, I wasn't.

24

25





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Q. Did you ask anyone from  
Administration what the concern was?

4

5

A. There was no one there from  
Administration.

6

7

8

Q. So, I take it the reasons you  
have just gone through, the possibilities about  
concentration or overdose were the reasons you  
speculated on?

9

10

11

A. Yes.

Q. And would those have explained  
why digoxin was being locked up in your mind?

12

13

A. It could be one explanation,  
yes.

14

15

Q. And you have told us that night  
that you attended at the arrest of Justin Cook?

16

17

A. Yes.

Q. And that you remained on  
Ward 4A/B some time after Lynn Johnstone left the  
ward?

18

19

20

21

A. When Lynn Johnstone left I was  
in charge of the arrest, yes, the nursing aspect of  
the arrest.

22

23

24

25

Q. Do you recall if you told  
Lynn Johnstone about the death when it actually  
occurred?





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A. Just after the baby died I went  
out to the telephone and called ICU and then I  
called Lynn Johnstone in the office.

5

6

Q. And did you have any further  
communication that night with Mrs. Johnstone?

7

A. Not that I remember.

8

Q. You then came to work on the  
Sunday night?

9

A. Yes.

10

11

Q. And what did you expect to  
be doing that night?

12

13

A. I thought Mrs. Johnstone wasn't  
on, so, I expected to be covering for 4A/B.

14

15

Q. And were you in fact assigned  
to do that?

16

A. No, I wasn't.

17

18

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Q. Do you recall who was?

3

A. Miss Sword was covering 4A/B

4

and there was a supervisor there all night checking medications.

5

6

Q. Were you given any explanation as to why you would not be on Ward 4A/B supervising?

7

8

A. I think the decision - from what I remember the decision had been made during the day shift that the supervisor in charge - in charge of the Hospital would cover 4A/B.

10

11

Q. But were you given any reason why that decision would be made?

12

13

A. No.

14

Q. Were you given any explanation as to why Ward 4A/B was being constantly supervised that night?

15

16

Q. What was the atmosphere in the Hospital that Sunday night?

17

18

A. It was tense.

19

Q. And that was because of what was happening on Ward 4A/B or was it because digoxin was locked up? I take it that was throughout the Hospital?

20

21

22

A. That was throughout the Hospital. Some wards knew that 4A/B had a supervisor there and

23

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that the team wasn't, the Trayner team hadn't been in that night. It wasn't general knowledge so some areas were more tense than others.

5

Q. And did you think that you fully understood what was going on in the Hospital?

6

7

A. No, I didn't fully understand it.

8

9

Q. And I take it that the circumstances Monday night were very similar to those on Sunday night; is that right?

10

A. Yes.

11

12

13

Q. You advised Mr. Lamek that you learned that Homicide had been called in either on the Monday morning or the Tuesday morning at the end of your shift?

14

A. That's right.

15

16

Q. And that was by who again?

17

A. Muriel Richardson told me that.

18

Q. What did she tell you exactly, do you remember?

19

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A. She had been the co-ordinator in charge of the Hospital on the weekend, during the weekend, and Miss Geiger had come in for a meeting with Administration and some of the doctors, and from that she knew that Homicide had been called in and that it was very quiet.





H.3

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Q. What do you mean "very quiet"?

3

A. It was hush-hush; nobody was to

4

know about it.

5

Q. You felt you weren't at liberty

6

to pass that information on?

7

A. That is correct.

8

Q. Now I take it that by Tuesday

9

evening when you and Lynn Johnstone came on duty that

10

you had reached certain conclusions as to why Homicide

11

was called in and why strange things were happening

12

on Ward 4A/B?

A. Yes.

13

Q. Is that fair?

14

A. Yes.

15

Q. And is it fair to say you assumed

that murder was being considered?

16

A. To me Homicide meant murder, and

17

that was a question that I voiced to Lynn.

18

Q. Can you tell me what number of

19

babies you assumed to be included in that investigation?

20

A. Going back to the run of baby

21

deaths in July of 1980. I can't give you a number,

22

but it was a collective number dating that far back.

23

Q. Did you conclude that all the

deaths since July were being considered?

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MR. PERCIVAL: Miss McIntyre falls into the same thing. This is her witness and if you are going to pay any attention to it, Mr. Commissioner, I would rather have the witness say it.

THE COMMISSIONER: Well, what the problem here seems to be is that - maybe I am wrong - but are you trying to discredit your own client? This is what I find very difficult to understand.

MS. MCINTYRE: No, Mr. Commissioner, I am not trying to do that at all. I am just trying to give her an opportunity to explain why she reached the conclusions that she did.

THE COMMISSIONER: Yes. All right. Proceed.

MS. MCINTYRE: Q. That is what I am intending to do.

The question I believe I had asked is whether - what deaths you assumed were the subject of this investigation?

A. The ones I assumed were the baby deaths that had happened in - since July of 1980; the run of deaths as I have described them previously in my testimony. I lumped them all together.

Q. Can you tell us why you would do that?





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A. That was - that would explain my concern for them happening during the night, same team, watching the clock, the same ward. It just seemed to make sense to me.

Q. Okay. I take it that based on those assumptions you reached certain conclusions as to who you thought might be suspects in this investigation?

A. Yes, I knew them.

Q. And this information or your assumptions were based on your presence in the ward on some 20 out of the 27 deaths that have been listed here by Mr. Lamek and some of the other deaths presumably that aren't listed here?

A. That is correct.

Q. And these conclusions were reached by you the night prior to Susan Nelles being charged?

A. Yes.

Q. And did you have the opportunity to discuss your views with the police prior to the arrest of Susan Nelles?

A. No.

Q. Were you approached by any member of the Police Force to solicit your views with respect to the matter?





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A. No.

3

Q. What about by any member of the  
Hospital management?

4

5

A. Approaching me?

6

Q. Yes.

7

A. No.

8

Q. Were you in fact privy as to  
what was going on in the Hospital with respect to the  
Homicide investigation?

9

10

A. No.

11

Q. On the Wednesday you learned  
that Susan Nelles had been arrested?

12

13

A. Yes.

14

Q. And did you think you had infor-  
mation that might be valuable to the police?

15

16

A. I felt my presence at that  
particular baby's death and all the others would be  
something that they should know.

17

18

Q. And did you take any steps to  
ensure that you would be interviewed by the police?

19

20

A. I talked to Anne Evans and asked  
that my name be on a list, and I had talked to  
Mrs. Johnstone and she told me that she had mentioned  
my name and that one of the other nurses had mentioned  
my name so they would be talking to me.

21

22

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H.7

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Q. Mentioned your name to who?

3

A. To the police.

4

Q. Do you recall when that would  
have been?

5

6

A. Mrs. Johnstone talked to the  
police on the Friday. I can't remember the date.  
Friday after --

8

MR. PERCIVAL: 27th.

9

THE WITNESS: Thank you.

10

11

MS. MCINTYRE: Q And that was the day  
that Susan Nelles was charged with the murder of  
Miller, Pacsai and Estrella?

12

13

A. I believe so.

14

15

Q. And did you in fact have an  
interview with the police before Susan Nelles was  
charged with those murders?

16

A. No, I didn't.

17

Q. When were you in fact interviewed?

18

A. The 3rd of April.

19

Q. At that time what were you asked  
about?

20

21

A. The question that I was asked -  
well, they asked my background and I was asked to tell  
what happened the night of Justin Cook's death.

22

23

Q. Okay. Now, Mr. Lamek has

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referred to the statement that was prepared with  
respect to that interview, and I take it you had an  
opportunity to review it?

5

A. Yes.

6

Q. Can you tell us how long that  
interview lasted?

7

8

A. It started at 8:15 and was  
completed at 8:55.

9

10

Q. And to the best of your recol-  
lection is this statement a verbatim recording of  
everything that was said by everybody at that interview?

12

A. Not everything that was said.

13

14

Q. Now, you have told Mr. Lamek  
that at that interview you had volunteered certain  
information with respect to your presence during the  
deaths of a number of children?

15

16

A. Yes.

17

18

Q. Can you tell us what reaction  
you got from --

19

20

MR. PERCIVAL: Well, that is not quite  
precisely correct. If my friend is going to quote  
something to the witness I would rather she quote it  
from the transcript.

21

22

THE COMMISSIONER: Yes.

23

24

MR. PERCIVAL: It was said in quite a

25





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Coulson, ex.  
(McIntyre)

4271

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different way, with respect, at 81 --

3

THE COMMISSIONER: 41.

4

MR. LAMEK: 4180 I think.

5

MR. PERCIVAL: 4180.

6

MS. McINTYRE: Thank you, Mr. Percival.

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Q. Perhaps I can ask the question this way, Miss Coulson. What do you recall telling the police about any deaths of the children, other than Cook, in that interview?

A. I remember telling them that I had been present, physically present during a lot of the baby deaths, and that I knew that Susan Nelles had not been there for some of them.

Q. And can I ask you what reaction you got to that statement?

A. He told me that he was there to talk about - to ask me questions, or to talk about Justin Cook's death. I was left with the understanding that if there were other deaths - I was left with the understanding that I would be interviewed at a later time about another baby.

Q. And which other baby was that?

A. Allana Miller. They were doing one child at a time.

Q. Were you asked by the police as to what the basis of your opinion with respect to Miss Nelles was?

A. Not that I remember.

Q. And I take it that you had another interview?





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THE COMMISSIONER: Sorry --

4

MS. McINTYRE: I'm sorry?

5

THE COMMISSIONER: Oh, I see, "It is  
difficult to believe Susan could have done it", yes,  
I see. All right.

7

MS. McINTYRE: Q. I take it you  
had a second interview with the police?

8

9

A. Yes.

10

Q. And that was on April the 29th?

11

A. Yes.

12

Q. And at that time what were  
you asked about?

13

A. About Allana Miller.

14

Q. Were you ever interviewed with  
respect to the Pacsai baby?

15

16

A. No.

17

Q. What about with respect to  
the Estrella death?

18

A. No.

19

Q. And what about with respect  
to - all the other deaths for which you had been  
present in the Hospital?

21

22

A. No.

23

Q. Miss Coulson, yesterday you  
told Mr. Lamek that some other staff in the Hospital

24

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had observed a pattern with respect to the deaths;  
do you recall that?

A. Yes.

Q. Was it your observation that  
in some areas of the Hospital the same nursing teams  
would be present on those units when the deaths were  
occurring on 4A/B?

A. Yes.

Q. And can you explain why that  
would be?

A. There is a master rotation and  
most of the nursing units adhere to the master  
rotation. Do you want me to go into that?

Q. Okay. This master rotation  
is what governs the schedule of nurses for the  
Hospital, is that right?

A. Yes, it does.

Q. Can you explain very briefly  
how that works?

A. Nurses work 12-hour shifts,  
12-hour days, long days or long nights, and if there  
are nursing teams usually they work Monday, Tuesday,  
off Wednesday, Thursday and they work Friday,  
Saturday, Sunday, and then the following week they  
would work Wednesday and Thursday.







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Q. So that is a two-week cycle  
that keeps repeating itself, is that right?

4

A. That's right.

5

6

Q. Now, the nurses on 4A/B worked  
two weeks of days and two weeks of nights, is that  
right?

7

8

A. That's right.

9

Q. And that cycle would keep  
repeating itself?

10

A. Yes.

11

12

Q. So I take it that if there  
were other areas of the Hospital where nurses also  
worked two weeks days and two weeks nights the same  
cycle would appear?

13

14

A. Yes.

15

16

Q. Can you tell us if there were  
any units that you can think of, or that you observed,  
that did have that same pattern of two weeks days  
and two weeks nights?

17

18

19

A. ICU.

20

21

Q. And so I take it that the same  
nurses would have been on in the ICU January speaking  
on the nights of the deaths, because there would be  
a corresponding team to the Trayner team in the ICU,  
is that right?

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A. Yes, generally speaking.

Q. So I take it that if we did a mini-Atlanta Report like Mr. Lamek has done for you and Mrs. Johnstone and the other supervisors, we might see a high correlation between the presence of those teams in the Hospital and the deaths on 4A/B?

A. I think so, yes.

Q. I take it as the night supervisor you spent a lot of your time travelling around to various areas of the Hospital?

A. Yes.

Q. And you would be using the halls, the stairs and the elevators to do that?

A. Yes.

Q. And would you routinely run into other people on the night shift travelling around the halls, stairways and elevators of the Hospital?

A. Yes.

Q. I take it - well, you tell us, what categories of people would this include?

A. Nurses, doctors.

Q. How common was it to see doctors wandering - not wandering, but in the halls, stairways and elevators in the Hospital in that night?





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A. It wouldn't be very often,  
it would depend what floor they were on and whether  
or not there was a child admitted, or a sick child  
on the floor.

Q. Would you be surprised to see  
a doctor on the stairs, or on a unit?

A. No.

Q. Who else might you see?

A. The man from housekeeping.

Q. Yes.

A. There was the man who used to  
go around and collect the garbage at night.

Q. Was that a nightly occurrence?

A. Yes, he had his rounds and he  
would go and collect the garbage.

Q. Would he be around the Hospital  
throughout the night shift?

A. I mostly remember seeing him  
on the second floor.

THE COMMISSIONER: I'm sorry, what  
was that?

THE WITNESS: The second floor.

THE COMMISSIONER: What about, you  
say that's where you saw him?

THE WITNESS: That is where I would







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see him.

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5

THE COMMISSIONER: Did he go to every floor? Presumably there is garbage on every floor, or is it collected centrally, what happens?

6

THE WITNESS: I don't remember.

7

8

MS. McINTYRE: Q. Who else would you see around the Hospital on the night shift?

9

10

11

12

13

A. There was the switchboard operator but she would be in her office. There was a technician in blood bank and a technician in chemistry. Paul Robitaille, he would be the person who collected all the NARvel sheets, he would make rounds.

14

Q. He would make rounds?

15

A. Yes.

16

17

Q. Would he be in the nursing unit?

18

A. He would be at the nursing

19

Q. And would that be every night?

20

A. Yes, except on weekends.

21

22

Q. And would there be such a person doing the same task on the weekends?

23

A. Yes.

24

25

Q. Do you know what time he would





I.8

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be going around the Hospital?

3

A. Before 2:30.

4

Q. Anyone else you can think of,  
anyone from security?

5

6

A. Security they had their rounds  
to do, occasionally the person --

7

8

Q. Well, speaking about security  
for a moment, did they go around the Hospital to  
the various units?

9

10

A. They made their rounds, they  
may have passed through the unit.

11

12

Q. Okay, was that the same  
person or various people?

13

14

A. Usually it was the same person.

15

Q. Anyone else you can think of?

16

A. There was always someone on  
from plant and engineering.

17

18

Q. And would you see this person  
around the Hospital at night?

19

20

A. If he was called. There would  
be the occasional visitor if a child had been  
admitted, you might see them on the elevator. There  
were parents staying, usually they were sleeping but  
sometimes they would be up.

22

23

24

Q. So I take it that it was not

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unusual for you to see people around the Hospital?

3

A. That's right.

4

5

Q. Would you feel that it was necessary for you to stop them and question them as to who they were and where they were going?

6

7

A. If I was concerned, yes, or suspicious.

8

9

Q. Do you ever recall doing that?

10

A. Not that I remember.

11

12

13

14

Q. You told Mr. Lamek that you recalled an incident, and you think that it either involved the Lombardo child or the Gionas child, where a doctor took the IV bag and put it in his pocket, is that correct?

15

A. That's correct.

16

Q. Can you describe the manner in which this was done?

17

18

19

A. I would describe it as surreptitiously reaching up, taking the bag and putting it into his pocket.

20

21

Q. Can you tell us why you remember that incident?

22

23

24

25

A. Because the child had had a high potassium and it was strange that he would put it in his pocket rather than saying send the bag down







1

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to the lab.

3

Q. Did you report it to anyone?

4

A. I asked him what he was doing.

5

Q. Did you report it to anyone

6

else?

7

A. No.

8

MS. McINTYRE: Thank you. Those are

9

all my questions subject to any questions that I

10

might have after reviewing the tour end reports which  
I have not had the opportunity to look at yet.

11

THE COMMISSIONER: All right. The

12

trouble now, mind you, as you know, if you bring out  
something new we have to go back all over the thing.

13

So if you find something please interrupt the

14

proceedings and ask the questions. I want you and

15

Mr. Lamek's re-examination to be true re-examination

16

based upon the cross-examination.

17

MS. McINTYRE: It may well be that

18

I have no questions at all.

19

THE COMMISSIONER: Yes.

20

MS. McINTYRE: Just have not had

21

the opportunity to review it yet.

22

THE COMMISSIONER: All right. Thank

23

you. Mr. Brown?

24

MR. TOBIAS: Mr. Commissioner, just

25





1  
2  
3 to clear up something that was raised earlier this  
4 morning. I have reviewed the Hines chart quite  
5 carefully. The only reference at all that I can  
6 see to time of death was in the preliminary and the  
7 final autopsy report and I am not sure that that  
helps us at all.

8 THE COMMISSIONER: Was there not  
9 a reporting of when the resuscitation was abandoned?

10 MR. TOBIAS: No, there isn't, I have  
11 checked Dr. Costigan's note. The only notation as  
12 to time is that he arrested at 4:25 and therefore  
13 the statement contained in the final autopsy report  
14 that the child was pronounced dead at 4:45 seems  
15 unlikely given the evidence we have heard about the  
length of the resuscitation efforts.

16 THE COMMISSIONER: I will certainly  
17 ask Miss Cronk to find out where she got her timing.  
18 Yes, Mr. Brown.

19 CROSS-EXAMINATION BY MR. BROWN:

20 Q. My name is Brown, Miss Coulson,  
21 and I act for Miss Nelles. Your counsel reviewed  
22 with you a number of the events after the weekend of  
23 March 21st. I recall that you said that you first  
24 learned the police were in the Hospital on the Monday  
25 or Tuesday morning?





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2

A. That's correct.

3

4

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6

Q. Of that week. You first learned about Miss Nelles' arrest the Wednesday afternoon after she had been arrested and that made public?

7

A. Yes.

8

9

10

Q. And prior to her arrest on Wednesday, had you ever heard in the Hospital, or outside, that the police were intending to arrest Miss Nelles?

11

A. No.

12

13

14

Q. That had never been a topic of discussion between you and any other person in the Hospital?

15

16

A. The night before Lynn Johnstone and I had a discussion.

17

18

19

Q. Quite apart from that discussion, did you ever have a discussion with someone in the Hospital that the police were going to arrest Susan Nelles?

20

A. Oh, no.

21

22

23

24

25

Q. Am I correct Miss Coulson in saying that that week you worked the long nights from March 23 until March 26th, the Monday night and the Tuesday night, the Wednesday and the Thursday







1

2

night?

3

A. The short nights I worked.

4

Q. You worked the short nights?

5

A. Yes.

6

Q. Again as night supervisor?

7

A. Yes.

8

Q. And the first contact you had

9

with the police was not at that time but was on

10

April the 3rd, 1981?

A. That's right.

11

Q. Could you tell me how that

12

interview was arranged?

13

A. I had a message that I was to -

14

a message was left for me in the nursing office that

15

I had an appointment when I came off duty that morning.

16

Q. So the message was brought to

17

your attention the morning shortly before you were

18

to have the interview?

19

A. Yes. I don't remember exactly

when I knew but it had been arranged.

20

Q. And before you went with the

21

police were you advised as to the purpose of the

22

interview?

23

A. No.

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Q. Were you asked to bring along any documentation to the interview?

A. No.

Q. And when you got to the room - I take it it was in the Hospital?

A. Yes.

Q. And were you introduced to Sergeant Warr?

A. Yes.

Q. Was there anyone else present in the room?

A. Not that I remember.

Q. And what did Sergeant Warr advise you as to the purpose of the meeting?

A. That he was there to talk about Justin Cook.

Q. And he then I take it asked you about your background?

A. Yes.

Q. And your duties as a night supervisor?

A. I would have to look back on the statement as to whether he asked me that.

Q. Okay, I take it that if he did ask you that it would be in your statement?





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A. I would imagine so.

3

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Q. But he also asked you about your  
recollection of the events on the Saturday evening,  
March 21?

5

6

A. Yes.

7

Q. And he asked you to narrate your  
recollection of those events?

8

9

A. Yes.

10

Q. And during the course of that  
narration, did he ask you to refer to any documentation?

11

A. No.

12

Q. Were there any documents in the  
room?

13

14

A. I don't remember seeing any.

15

Q. Did you ask for any?

16

A. No.

17

Q. The format of the interview, did  
Sergeant Warr ask you specific questions or did you  
proceed with the general narration?

18

19

A. General narration.

20

Q. Did he interrupt you at any time  
to ask you specific questions about a particular issue?

21

22

A. Not that I remember.

23

Q. Did he ask you any specific  
questions as to the administration of drugs at that  
interview?

24

25







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A. No.

3

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Q. During the course of the interview,  
did he ask you about Miss Nelles' competence or of  
her abilities as a nurse?

5

6

A. Again, I would have to look at  
the statement.

7

8

Q. Okay. Well, perhaps you could  
take a look at the statement?

9

A. Yes.

10

11

THE COMMISSIONER: Well, if there is  
nothing there I think we can save her reading all the  
way through it.

12

13

MR. BROWN: Well, there doesn't appear  
to be anything there, what I would take to be an  
indication that that question was asked.

14

15

16

THE WITNESS: It may have been asked,  
I don't remember.

17

18

MR. BROWN: Q. And at that time what  
was your opinion of Miss Nelles' ability as a nurse?

19

A. She was an excellent nurse.

20

21

Q. And I take it that if the police  
had asked you that question that would have been the  
answer you would have given on April 3rd?

22

A. Yes.

23

24

Q. Do you recall them asking you

25





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any questions about how Miss Nelles got along with  
other team members or other nurses on the ward?

3

4

A. I don't remember that.

5

6

Q. Okay. And you had a chance to  
observe Miss Nelles administer nursing care and get  
along with other nurses on the ward?

7

8

A. Yes.

9

Q. And in your opinion how did she  
get along with other nurses on the ward?

10

A. Very well.

11

12

Q. Was she an introvert or remorseful  
type of person?

13

A. No, she was warm and friendly.

14

Q. Outgoing?

15

A. Yes.

16

Q. Seemed to get along pretty well  
with most people?

17

A. Yes.

18

19

Q. And I take it if you had been  
asked that question on April 3rd that would have been  
the answer you would have given?

20

A. Yes.

21

22

Q. During the course of the interview  
did Sergeant Warr indicate to you that he was  
interested in talking about any child other than Cook?

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A. No, because I tried to tell him that I had been there for - I brought up the subject of the other baby deaths and that I was physically present for a great number and he told me that he was there only to talk about Cook, that they were doing one at a time.

Q. Do you recall when during the interview you brought that up?

A. Before it started.

Q. Before it started?

A. Before he started writing.

Q. And he advised you that he simply wanted to ask you questions about Cook?

A. Yes.

Q. So, I take it then that during that interview he didn't express to you any interest in the high number of deaths which may have occurred since July, 1980?

A. No, he didn't.

Q. Nor express any interest about the conflict which you may have observed on the Phyllis Trayner nursing team?

A. No.

Q. Nor any interest in the coincidence between the deaths and the presence of one nursing team?







H.6

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A. No.

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Q. The interview was to deal

4

solely with Cook?

5

A. Yes.

6

Q. And I take it had he asked you

7

or expressed an interest about these other matters

8

you would have told him what you told us, would you  
not?

9

A. Oh, yes.

10

Q. During the course of the interview

11

did Sergeant Warr indicate to you that he was

12

interested in your opinion on the conduct or behaviour

13

of anyone other than Susan Nelles?

14

A. No.

15

Q. No nurse?

16

A. I was to recount what had

17

happened that night, the night of Justin Cook's death  
from my point of view.

18

Q. So, you were not asked any

19

questions about the conduct of anyone?

20

A. No.

21

Q. And that interest was not

22

expressed to you?

23

A. No.

24

Q. And you gave a second statement

25





H.7

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I believe to the police on April 29, 1981?

3

A. Yes.

4

Q. And how was that meeting arranged?

5

A. The appointment had been made;

6

I don't remember the specifics. A message was left  
for me in the Nursing Office.

7

8

Q. I see. And prior to the inter-  
view were you aware of what was going to be discussed  
at the interview?

10

A. Not precisely.

11

12

Q. Well, were you left with the  
impression after the first interview they were going  
to come back and ask you some more questions at a  
later time?

13

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A. Yes.

15

16

Q. And it would be about another  
baby?

17

A. Yes.

18

Q. And did you know which baby?

19

A. I believed that it would be

20

Allana Miller.

21

Q. And prior to the meeting were  
you asked to bring anything with you to the meeting?

22

A. No, I wasn't.

23

24

Q. And when you got to the meeting

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H.8

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the police officer advised you the purpose of the  
meeting?

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A. Yes.

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Q. And indeed it was to give your  
recollection of the events surrounding the death of  
Allana Miller?

7

8

A. Yes.

9

10

Q. And did the interview proceed  
in the same fashion, that is, you were asked to give  
a narration of your recollection of the events?

11

12

A. Yes.

13

Q. And were you referred to any  
documentation during the interview?

14

15

A. I don't remember.

16

17

Q. Do you recall whether any  
documentation was present in the room?

18

19

A. I don't remember.

20

Q. Did you ask for any documentation?

21

A. I don't remember.

22

Q. Your recollection of what  
transpired there is not crystal clear?

23

A. I had forgotten about that inter-  
view until I saw the statement.

24

25

Q. I see. After that interview and  
prior to the discharge of Miss Nelles in May of 1982,







H.9

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did you have any other interviews or meetings with  
representatives of the Metropolitan Toronto Police?

4

A. Would you repeat that, please?

5

6

Q. Prior to Miss Nelles' discharge  
in 1982 and after your second meeting with the police  
on April 29, 1981, did you have any further meetings  
with the police?

7

(2)

8

A. Just at the preliminary hearing.

9

10

Q. Okay, but prior to your testimony  
at the preliminary hearing did you meet again with  
the police?

11

12

A. No.

13

14

Q. Prior to the preliminary hearing  
did you meet with any of the Crown Attorneys involved  
in the case?

15

16

A. Yes, I did.

17

Q. This is prior to your testimony  
at the preliminary?

18

A. Yes.

19

Q. Okay, can you tell me when that  
took place?

20

21

A. Before I testified I was taken  
downstairs to the Crown Attorneys' office.

22

23

Q. Now, this is the day that you  
were expected to testify?

24

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H.10

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A. The day that I was to testify.

3

Q. Which I believe was Monday,

4

February 1st, 1982?

5

A. Yes.

6

Q. Okay. So, you were taken downstairs; who took you downstairs?

7

A. John Murray.

8

Q. And he is one of the constables?

9

A. Constable Murray, yes.

10

Q. Okay.

11

A. He took me downstairs to the, I believe it is the Crown Attorneys' office.

12

Q. Yes.

13

A. And I was taken into a room with

14

a long table and I met Mr. Wiley and I sat down and read over my statement.

15

16

Q. They asked you to review your

17

statements?

18

A. Yes.

19

Q. So, did you review the two

20

statements that you gave to the police?

21

A. Yes.

22

Q. Okay.

23

MR. HUNT: I'm sorry, I missed an answer when somebody coughed. Who was present at this meeting?

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H.11

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THE WITNESS: John Murray was there, somebody else I think was at the other end of the table but I don't remember who it was.

MR. HUNT: Okay.

MR. BROWN: Q. Do you recall whether Mr. McGee was there?

A. He briefly came in.

THE COMMISSIONER: I am sorry, Mr. Who?

MR. BROWN: Mr. McGee, the senior Crown Attorney on the case.

THE COMMISSIONER: Oh, Mr. McGee, yes. He came in you said?

THE WITNESS: He came into the room, yes.

MR. BROWN: Q. He was not there when you first went into the room?

A. No.

Q. So, you recall seeing two or three people in the room when you first went in?

A. Yes.

Q. Mr. Murray, Mr. Wiley and perhaps someone else?

A. Yes.

Q. Okay. You were asked to review your statements?

A. Yes.







H.12

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Q. What else transpired at that meeting?

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A. Somebody gave me a copy, Mr. McGee came in, I was introduced to him, he left, and then I was taken back upstairs and Constable Murray then explained to me what the hearing room looked like, where everybody was sitting, who was who, where the press was.

9

10

11

Q. During that meeting with the Crown Attorney and the Police, did they ask you any questions about the evidence you were about to give?

12

A. Not that I remember.

13

14

Q. Did they review your statement with you?

15

16

A. There was some discussion.

17

18

Q. And do you recall what the discussion was?

19

20

A. It pertained to whatever was on my statement.

21

22

Q. So, did they ask you any questions about matters that were not contained in your statement?

23

24

A. Not that I remember.

25

Q. Did they make any comments to you about the evidence that they anticipated you would give in court?





H.13

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A. I don't remember.

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A. After your testimony on  
February 1st, 1982 and prior to the discharge on  
May 21st, did you have any subsequent meeting with  
the Police or the Crown Attorneys?

6

7

A. Yes, I did.

8

9

Q. When was that?

A. I was called back to the stand.

10

11

THE COMMISSIONER: I'm sorry, you were  
called back?

12

THE WITNESS: Yes.

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THE COMMISSIONER: You had given  
evidence once?

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THE WITNESS: Once and then I was  
called a second time.

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THE COMMISSIONER: Is that the same day?

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THE WITNESS: No, it was quite a bit  
later.

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MR. BROWN: Q. How was it arranged that  
you would re-attend to give further testimony?

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A. Ann Evans came up to me and  
asked me if I would meet with Constable Murray, they  
needed to have one of the supervisors to go and  
testify about the death reports and would I go. So





H.14

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then Constable Murray got in touch with me, he phoned me and asked me if I would answer some questions, they needed someone that knew about the reports and I said I would go and I went. I was only on for two or three minutes.

Q. And prior to your testifying, aside from your telephone call that you had with Constable Murray, did you have any meetings with the Police or the Crown Attorneys?

A. No.

Q. And the only discussion you had with Constable Murray was concerning these death reports?

A. Yes.

Q. Was there any other discussion with Constable Murray about the evidence which had been given or which would be given?

A. Not that I remember.

Q. I don't know the date of your testimony but I believe that testimony is found at Volume 30.

THE COMMISSIONER: Yes, one will be found there and one will be found some place else.

MR. TOBIAS: Volume 7.

MR. BROWN: That was the initial one







H.15

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but the subsequent one was in Volume 30 and I don't know the date of that, sir.

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MR. ROLAND: The date is April 19th, 1982.

5

6

MR. BROWN: Q Now, in response to a question that Mr. Lamek put to you this morning --

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THE COMMISSIONER: That's funny. Volume 7, that's the first I take it?

9

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MR. PERCIVAL: February 1st and 2nd, Mr. Commissioner, that's the first time.

11

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THE COMMISSIONER: Yes, and the second one is what date?

13

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MR. PERCIVAL: I understand it's April 19th.

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MR. BROWN: Q But during the course of your examination this morning, Mr. Lamek asked you whether you had ever observed any differences of opinions or disputes between Susan Nelles and Phyllis Trayner and you indicated you recalled one such incident?

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22

A. Yes.

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Q And that was regarding the child Hines?

A. Yes.





H.16

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Q. Now, were you present for the  
entirety of the Hines' arrest?

4

A. I answered the Code and once the  
Code came, yes, I was there until after he died.

5

6

Q. So, you would have arrived in  
the room after the Code 25 had been called?

7

A. Yes.

8

Q. Shortly after?

9

A. Yes.

10

Q. You went immediately to that room?

11

A. Yes.

12

Q. Do you recall it as being a  
prolonged resuscitation effort?

13

A. Yes, it was very long.

14

15

Q. Longer than the normal  
resuscitation effort?

16

A. Yes.

17

18

Q. During the course of the  
resuscitation can you recall when a request was made  
for a pacemaker?

19

20

A. I can't give you an exact time..

21

Q. Are pacemakers normally used  
during a resuscitation effort?

22

A. No.

23

24

Q. It is unusual to use them?

25





H.17

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A. Yes.

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Q. And during the course of your

4

resuscitation effort how would you use a pacemaker?

5

A. The doctor would insert the

6

pacemaker to stimulate the heartbeat.

7

Q. Would there be a surgeon who would

8

actually open the child?

9

A. I can't remember the mechanics

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of how they do it, what they did.

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Q. How many arrests have you been involved in where a pacemaker was used during the course of resuscitation?

A. Two. Maybe three.

Q. That is during the entirety of your career at the Hospital for Sick Children?

A. That is -- yes.

MR. TOBIAS: I'm sorry, Mr. Brown, I missed the answer.

MR. BROWN: Q. I believe you said two or three.

MR. TOBIAS: All right. Thank you.

Q. And Hines is one of them?

A. Yes.

Q. Do you know where the pacemakers are stored on Ward 4A or 4B?

A. No.

Q. Do you know where they are on the crash cart?

A. I don't know where they are stored.

Q. You don't? Now, you recall that there was discussion going on between Phyllis Trayner and Susan Nelles and it concerned a pacemaker?

A. Yes.





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Q. Do you recall them being asked by one of the doctors to retrieve a pacemaker for the resuscitation?

4

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A. I don't remember what actually took place. The actual words I don't remember.

6

7

Q. You don't recall what was -- the exchange between the two nurses?

8

9

A. I know it was about a pacemaker but actually anything else I don't remember.

10

11

Q. So you don't know whether it was a discussion over the type of pacemaker that should be brought?

12

13

A. That is right. I don't remember.

14

15

Q. Given that it is an unusual event to have a pacemaker during a resuscitation effort, is it surprising to you that there would be a discussion about a pacemaker?

16

17

A. Would you repeat that, please?

18

19

Q. I said that given that from your point of view it is not an ordinary event that a pacemaker is used during the course of a resuscitation, would it surprise you that two nurses would have a discussion about a pacemaker?

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A. I can't say as I was surprised, no.

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Q. How long was this discussion  
between Miss Nelles and Mrs. Trayner?

A. Not long.

Q. Just a few minutes?

A. Yes.

Q. And you said at one point that  
the discussion became a bit loud and at that time  
Dr. Costigan said, "Ladies, would you please quiet  
down"?

A. Yes.

Q. Did Dr. Costigan make any other  
remark to Mrs. Trayner or Miss Nelles?

A. Not that I remember.

Q. And I believe you said to Mr.  
Lamek that in your opinion the discussion they had  
certainly did not interfere with the quality of care  
given to the Hines child during his arrest?

A. That is right.

Q. After the arrest did Dr. Costigan  
or any other doctor come up to you and say, "Miss  
Coulson, your nurses should not have done that"?

A. No, I don't remember that.

Q. Did they come up to you and say  
anything about the length of time it took to get a  
pacemaker for the arrest?







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A. No.

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Q. After the arrest did you talk to Susan Nelles and Phyllis Trayner about the matter?

5

A. Yes, I did.

6

Q. What did you tell them?

7

8

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A. I told them that there was a time and place for that kind of discussion and we all laughed about it later. And they said that they agreed they had got a bit antsy and that they wouldn't let it happen again.

11

Q. Was the matter left at that?

12

A. Yes.

13

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Q. I believe when you were asked questions yesterday about Justin Cook and the arrest of the Cook child you recalled that Miss Nelles performed the cardiopulmonary resuscitation during the arrest?

17

A. Yes.

18

19

20

Q. And when a young child arrests and resuscitation efforts are attempted, how is CPR performed on the child?

21

A. Usually with the fingers.

22

Q. I see. Why are the fingers used?

23

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A. Because of the size of the baby.





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Q. Are the fingers used because there is a fear if you use some other part of your hand you might exert too much pressure?

A. Yes.

Q. So as a precautionary measure with a younger child you tend to use the fingers?

A. Yes. There is enough strength in the fingers to obtain a heart beat.

Q. I see. And I also recall yesterday when you were asked on another matter about how you recalled the Lombardo child --

A. Yes.

Q. -- you said you had been going down the stairs and you bumped into Dr. David Nelles?

A. Yes.

Q. And said something to the effect, "We had another arrest last night and we missed Susan Nelles."

A. Yes.

Q. And you said that Susan Nelles does the CPR very well and we missed her. Is that what you said to Dr. Nelles?

A. Something to that effect.

Q. I see. So in your opinion then





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from what you could see of Susan Nelles she performed the CPR very well during the course of resuscitation efforts?

A. She was very good at it. She was efficient.

Q. I believe that you said you were present when the Cook child died?

A. Yes.

Q. And then after the death you left for a couple of minutes and went somewhere else in the hospital to get something?

A. I was gone maybe 10 or 15 minutes.

Q. I see. You went down to a supply room?

A. I went down to the central supply department to pick up a new tray for the crash cart.

Q. And when you came back with the tray I take it you put it on the crash cart?

A. I left it out at the desk because the crash cart hadn't been totally cleaned up and resupplied.

Q. And you then went back to Room 418?

A. Yes.







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Q. Why did you go back there?

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A. I went in to see Susan and see

4

what was happening with the baby.

5

Q. And you observed Susan bathing

6

a child?

7

A. She was bathing the baby, yes.

8

Q. I take it that that is something

that is done after the death of any child?

9

A. Yes.

10

Q. The baby has to be bathed and

11

then clothed?

12

A. Usually.

13

Q. And then is shown to the

parents?

14

A. If the parents are coming in.

15

Otherwise the baby is gotten ready to go to the

16

morgue.

17

Q. And does the nurse in charge or

18

the nurse assigned to the care of the child usually

19

take the child down to the morgue after death?

20

A. It is usually the nurses

assigned.

21

Q. So in this case it would be

22

Miss Nelles' responsibility to prepare the child

23

and take it down to the morgue?

24

25





Oulson  
cr. es. (Brown)

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A. That is correct.

3

Q. And I believe you said that when

4

you went in you talked to Miss Nelles and she was

5

concerned about the death of the child?

6

A. Yes.

7

Q. And she also mentioned something

8

to the effect that if the child had been brought in

9

sooner perhaps he could have been better care

10

and this might have been avoided.

11

A. She did voice something to that

12

effect, yes.

Q. The child came from Owen Sound,

13

did he not?

14

A. A small town near Owen Sound.

15

Q. And the child was about 3

months old?

16

A. Yes.

17

Q. And was Miss Nelles vocal in the

18

sense that she said had he been diagnosed earlier

19

and brought in we perhaps could have done something

20

else?

A. Yes.

21

Q. That was the nature of the

22

concern that she showed?

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A. Yes.

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Q. And that was what she was vocal about?

A. Yes.

Q. Now at that time you said that Miss Nelles was concerned about the child's death but at that point you did not observe her crying?

A. That is right.

Q. And when you were present at the time that the child was pronounced dead did you see whether or not Miss Nelles cried?

A. I don't remember.

Q. You don't remember? And was Dr. Jedeikin there?

A. Yes.

Q. Was he crying?

A. I don't remember.

Q. What about Dr. Schaffer?  
Was he crying?

A. I don't think he was there.

Q. At the time of the death?

A. He had been there for Allana Miller but I don't remember seeing him for Justin Cook.

Q. What about Dr. Kantak?

A. I can't even remember what he







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looks like.

Q. I take it that if Dr. Jedeikin didn't cry after the death of Baby Cook you wouldn't say that he wasn't concerned about the death?

A. That is right.

Q. Okay. And did you cry after Cook's death?

A. No, I didn't.

Q. Why didn't you cry?

THE COMMISSIONER: I don't know that you have to answer that.

MR. BROWN: Q. When a child dies do you normally cry after the child's death?

A. No.

Q. Do you sometimes have the urge or the inclination to cry?

A. Sometimes.

Q. Do you try to keep the tears back?

A. If I feel like crying I cry and if I don't I don't.

Q. Well, I take it you would agree with me then as you demonstrated people do react differently to the death of children?

A. That is right.





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Q. And they would certainly express their grief in different ways?

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A. Yes.

5

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Q. In your profession, in nursing, you would certainly encounter deaths much more frequently than the average layman would, would you not?

8

9

A. Yes.

10

Q. And as a result of that you have to learn how to deal with death, don't you?

11

A. Yes.

12

13

Q. It is part of your job and you have to develop some sort of a reaction or defense mechanism to death?

14

A. Yes.

15

16

17

Q. And the reaction that nurses show to death, is that something that you spoke to Susan Nelles about, how you express your grief?

18

19

A. We had discussed that at one point, yes.

20

21

Q. Do you recall having a discussion with her perhaps in the early part of March, 1981 about that?

22

23

A. Yes.

24

25

Q. Do you recall whether that





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discussion occurred after the arrest of a child?

3

A. Yes, it did.

4

Q. And you saw her at the nursing station?

5

A. Yes.

6

7

Q. Am I right in saying that you went up to her and said something to the effect, "Susan, how are you dealing with all these recent deaths?"

8

9

A. Yes.

10

11

Q. And there had been a series of deaths at that time?

12

A. That is correct.

13

14

Q. And at that time she replied to you something to the effect, "Well, sometimes I feel guilty that I don't feel bad."

15

A. That is right.

16

17

Q. And you then asked her, "Well, what do you mean by that?"

18

A. Yes.

19

20

Q. And did she say something to the effect, "Well, I talked to Liz Radojewski about it"?

21

A. Yes.

22

23

Q. And did you have a further discussion about how nurses tend to express themselves

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after the death of children?

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A. Yes, we did. We talked about how each one of us deals with it individually, and whether you cry or not, or whether you are angry or whatever, it is purely individual.

Q. We certainly heard that the members of the Trayner team seemed to deal with it differently. Mrs. Trayner tended to cry after a number of the deaths.

A. Yes.

Q. You said that you didn't recall Susan Nelles crying that much?

A. That is right.

Q. Nor did you recall Miss Scott crying very much.

A. Sui?

Q. Yes, Sui Scott. So I take it then that --

THE COMMISSIONER: Sorry, I just want to make sure. She did or she didn't cry?

THE WITNESS: I don't remember.

MR. BROWN: So I take it then you discussed -- did you discuss how different nurses on that team reacted to death?

A. Perhaps.





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Q. But you certainly discussed with Miss Nelles at that time that people expressed themselves in different ways?

A. Yes.

Q. And that is certainly a function of the person's individual personality?

A. Yes.

Q. And the fact that one tends to express one's self differently doesn't mean that one isn't concerned about the death of the child, does it?

A. That is right.

Q. I would take it from the years of experience that you have had as a nurse it is not unusual to see different nurses reacting differently to deaths?

A. That is very true.

Q. Nor is it unusual that nurses will talk to other nurses about how they react to the death of a child?

A. It would depend on the nurse.

Q. The reaction would depend on the nurse?

A. Yes.

Q. The fact that you had a conversation with another nurse about the matter would be





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something that would happen in the normal course?

3

A. Yes.

4

Q. And it is --

5

A. For me, you mean?

6

Q. Yes, for you.

7

A.. Yes.

8

Q. And it is discussion you have had  
with nurses other than Miss Nelles?

9

A. Yes.

10

Q. So that conversation that you had  
with her am I fair to say it was simply one of many  
conversations you had with nurses about how a person  
reacts to the death of a child?

13

A. Yes.

14

MR. BROWN: Thank you. I have no more  
questions.

16

THE COMMISSIONER: Yes. All right, thank  
you. Yes, Mr. Tobias.

18

MR. TOBIAS: Mr. Commissioner, I  
may be able to clear up -- this is my third effort  
ad nauseum. I persevered, though.

19

20

Where Ms.Cronk got her information I  
believe it's from Exhibit 102-B which was the Zebra  
pack and that indicates -- there is a nurse's note  
that the arrest started at 4:22 a.m. and then there

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is a list of the times that various medications were administered. The last medication was given at 6:42 and cardiac massage stopped at 6:43 and the note indicates --

THE COMMISSIONER: That is not Ms. Cronk's --

MR. TOBIAS: -- and the baby was pronounced dead at 6:40.

THE COMMISSIONER: Well, that certainly would seem to support Mr. Lamek.

THE WITNESS: What date was that?

MR. LAMEK: I think Miss Coulson was the closest.

THE WITNESS: What date was that?

THE COMMISSIONER: When did you say it stopped? Yes, I think you are right, it does support Miss Coulson.

MR. TOBIAS: Cardiac massage was stopped at 6:43 a.m. and the baby was pronounced dead at 6:40.

THE COMMISSIONER: Well, I don't want to go on too much farther, but I think Ms. Cronk in her Exhibit 3 has come up with 5:30, hasn't she? 5:25, so she has got some other thing. Well, that is fine.





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MR. TOBIAS: All right, thank you,

3

sir.

4

THE COMMISSIONER: All right, Miss

5

Foster, I think we will wait until after lunch.

6

Is that all right with you?

7

MS. FOSTER: That is fine.

8

THE COMMISSIONER: All right, then.

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2:15.

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---Luncheon recess.

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---Upon resuming at 2:20 p.m.

THE COMMISSIONER: Yes, Ms. Foster?

CROSS-EXAMINATION BY MS. FOSTER:

Q. Miss Coulson, My name is Elizabeth Foster and I act on behalf of Phyllis Trayner. I understand from your evidence that you are normally responsible for supervising Wards 4C and 4D?

A. Those were in my area, yes.

Q. And when did you normally start the rounds of those wards?

A. On 4C/D?

Q. Yes.

A. Usually once I left the nursing office.

Q. And approximately what time would that be?

A. That would be 12:30 - quarter to 1.

Q. And how long did you spend on your rounds on 4C and D as a rule?

A. Maybe half an hour, maybe longer.

Q. Half an hour or maybe what?

A. Or maybe longer.

Q. And after you completed your







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rounds on 4C and D where would you go next?

3

A. Are we talking about a regular  
4 night?

5

Q. A regular night, yes.

6

A. I didn't have a set pattern as  
7 to which floor usually other than I would go to  
8 4C/D first unless there was a concern that I had  
9 elsewhere. I could have gone anywhere, I didn't have  
10 a set practice.

10

Q. And I take it that if you were  
11 also supervising Wards 4A and 4B you might make your  
12 rounds on 4A/4B first, or you might go to 4C/4D  
13 first, is that correct?

13

A. That's right.

14

Q. And as between Wards 4A and 4B,  
15 did you do one round -- did you do your rounds on  
16 one of those wards first?

17

A. Not as a rule.

18

Q. When you did your rounds on  
19 4A and 4B how long did you usually spend?

19

A. It depended on the night, it  
20 depended on the children that I would have to see.  
21 I had 18 wards and I couldn't spend very much time,  
22 it would just depend.

23

Q. Are we talking roughly half an

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hour again?

A. It might have been that length of time.

Q. Might it have been shorter?

A. Not much shorter, maybe 20 minutes or so.

Q. Could it have been longer?

A. I wouldn't think I could have that much time -- that much more time to spend.

Q. So as a rule it would be 20 minutes to half an hour that you would spend on 4A and 4B?

A. To the best of my recollection, yes.

Q. And that is for the two wards?

A. That sounds about it.

Q. And did you do the rounds with the team leaders for each ward?

A. Yes.

Q. And when you were responsible for supervising Wards 4A and 4B, did you return periodically throughout the evening?

A. If I had concerns, or if I was on my way back to the office, it depended where I was in the hospital as to whether or not I came through 4A/B, sometimes I would just go back.





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Q. So some evenings when you were supervising those wards you would only go through your rounds and you would not return, and other nights if you had concerns you would go back to the ward, is that correct?

A. I may have returned later on in the morning closer to 6:00, 6:30.

Q. But there would be some -- am I correct in saying there would be some evenings when the only time you would go on that ward would be during your initial rounds?

A. There would be an occasional night, yes.

Q. Now, Mrs. Johnstone said that during her shift she would often stop -- not often, but occasionally stop at Wards 4A/4B to have coffee with the nurses, is that something you also did?

A. Sometimes I was invited to come for coffee. There were two or three times when after an arrest somebody would put coffee on and we would sit and talk over the events of the arrest.

Q. And on those occasions you were already on the floor?

A. Yes.

Q. But other than that would there







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be occasions when you would go back to 4A and 4B  
for coffee?

3

4

A. Not unless I was invited.

5

Q. But you were invited on occasion?

6

A. On occasion.

7

8

Q. And would these be evenings only  
when you were responsible for 4A/4B, or could it  
happen on evenings when you were not in charge of  
those wards?

9

10

A. Sometimes on nights, if it was  
a quiet night, they would say to both Lynn and I to  
come for coffee and we would.

11

12

Q. Did you also stop sometimes at  
Wards 4C and 4D for coffee during the evening?

13

14

A. Not usually 4C/D.

15

16

Q. And I take it that you used the  
nursing office on the 4th floor as your home base?

17

A. Yes.

18

19

Q. And is it fair to say you would  
return to that office periodically throughout your  
shift?

20

A. About 4:00 in the morning.

21

22

Q. Between the time you started your  
rounds at roughly 12:30 you would not return back  
to the 4th floor nursing office until 4:00 in the

23

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morning?

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A. Not as a rule.

4

5

Q. Now, dealing with Baby Allana  
Miller, you indicated that you were present for the  
arrest of that child?

6

A. Yes, I answered the Code 25.

7

8

Q. And do you know how soon after  
the Code 25 was called that you arrived in the child's  
room?

9

10

A. I ran down the stairs from the  
9th floor, so I don't know how long it took me to  
get down.

11

12

13

Q. You came as soon as you heard the  
Code 25 called?

14

A. Yes.

15

16

Q. Was that the first time you  
were on Wards 4A/4B that evening?

17

A. Yes.

18

19

Q. I take it you proceeded  
directly to the child's room?

20

A. Someone directed me to the room.

21

Q. Do you recall who was present in  
the baby's room when you arrived?

22

23

A. The cardiac arrest team was  
there; this is Allana Miller?

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Q. Yes.

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A. Phyllis Trayner, Susan Nelles,  
I think Bertha Bell was there and somebody was  
writing and I don't remember her name.

5

6

Q. Do you recall seeing Mrs.  
Richardson there?

7

8

A. She came and answered the code,  
whether she came the exact time that I did I don't  
recall.

9

10

11

Q. Do you recall any doctors being  
there?

12

13

A. Dr. Shaffer was there. I don't  
remember the other one.

14

15

Q. Was there anyone else that you can  
recall being in the room?

16

17

A. Mrs. Johnstone was there, there  
was a surgeon and the anesthetist but I don't  
remember their names.

18

19

Q. Do you recall what Mrs. Trayner  
was doing during the arrest and resuscitation?

20

A. She was at the arrest cart.

21

Q. What was she doing at the arrest  
cart?

22

A. Drawing up the medications.

23

24

Q. And you indicated that during the

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course of the resuscitation you filled the buretrol?

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A. Yes, I remember doing that.

4

Q. Can you tell me why you did that?

5

A. It looked as if it was just about empty.

6

Q. Was the I.V. bag empty?

7

A. No.

8

9

Q. Do you know any reason why the buretrol would be empty?

10

11

A. It would have depended on when it had been filled previous to that. It depends on how much had been put into the buretrol, usually there's not that much in it.

12

13

THE COMMISSIONER: Usually it comes from the bag, does it not?

14

15

THE WITNESS: There is the bag on top and the buretrol is --

16

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THE COMMISSIONER: We have a picture of it, and we also have a sample of it. There are some things I suppose like antibiotics that are put directly into the buretrol.

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THE WITNESS: Yes.

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THE COMMISSIONER: Generally, the feeding, whatever the child is receiving is going through all the time, is it not?

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THE WITNESS: Yes, continually.

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There is the fluid that is taken from the bag and placed into the buretrol. So you may have 20 c.c.'s when it's filled up and that may go for a period of say 2 hours.

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7

THE COMMISSIONER: What would concern me and knowing absolutely nothing about it, if you flushed out the buretrol would you not be getting the liquid into the child faster than it was originally intended?

10

11

THE WITNESS: If you were flushing the antibiotics as I explained yesterday?

12

13

THE COMMISSIONER: Yes.

14

THE WITNESS: Yes, it would be going in quicker.

15

THE COMMISSIONER: Do you want that?

16

THE WITNESS: For that particular period of time you want to flush the tubing, and so you are not allowing very much fluid to go through the tubing.

19

20

THE COMMISSIONER: If you flush it out wouldn't you also get all of the liquid that was below the buretrol, between the buretrol and the bag into the child faster, would you not, than it is originally intended?

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THE WITNESS: What you would do is when  
an antibiotic was finished, there is a little --  
we don't have one here, do we, a picture --?

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MS. FOSTER: Yes, I believe we have  
a picture.

6

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THE COMMISSIONER: Is that buretrol,  
or perhaps it is the bag.

8

9

MS. McINTYRE: I believe the picture  
is Exhibit 306.

10

11

THE COMMISSIONER: Thank you.  
Exhibit 306, Mr. Registrar, would you get that.

12

There we are, Ms. Foster, perhaps you  
can use that for all of us.

13

14

MS. FOSTER: Thank you.

15

Q. Miss Coulson, this is the bag?

16

A. That's right.

17

Q. And this is the buretrol?

18

A. That's right.

19

Q. And you in fact filled the  
buretrol, did you?

20

A. I did not fill it, when I say  
fill I mean I would probably put about 20 c.c.'s  
into the buretrol. So what I would do is release  
the clamp here, can you see that?

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THE COMMISSIONER: The clamp is --

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THE WITNESS: The clamp is between the bag and the buretrol.

THE COMMISSIONER: Yes.

THE WITNESS: So what I would do, first of all, there would be no fluid or very little fluid left in here, into the buretrol, that is what drew my attention to the buretrol.

THE COMMISSIONER: That is part of what my problem is, because isn't the liquid coming from the bag into the buretrol all the time?

THE WITNESS: Oh, no, no. What happens is this is clamped off, there is a clamp there, you see we have to regulate the amount of fluid that is going into the child.

THE COMMISSIONER: I thought that regulation was done by the buretrol.

THE WITNESS: It is regulated down here, there is another regulator here, but this is also a part that just limits the amount, because if this one now functions the child could have gotten the whole 250 c.c.'s, so you want to regulate how much. For the nurse to regulate the amount of I.V. fluid she would put in say 20 c.c.'s or 25 c.c.'s into the buretrol, and perhaps she would have a work sheet that she would say put down how much she had put





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into the buretrol, how much would be absorbed,  
and that would be calculated every hour.

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Q. So when a child is on I.V., the  
nurse would come and check this regularly to make  
sure the buretrol has still got liquid in it.

5

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A. And that it is going at the  
appropriate rate.

8

9

Q. And this clamp will always be  
clamping off the direct flow between the bag and the  
buretrol?

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11

A. Yes.

12

13

Q. Okay. Thank you. When you  
indicated then that you **filled** Allana Miller's  
buretrol, all you did then was release the clamp,  
allow more liquid to flow from the bag into the  
buretrol?

14

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16

A. Yes, into the buretrol.

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Q. And I suggest to you there was  
nothing particularly suspicious or unusual about the  
behavior of any of the nurses during that resuscita-  
tion attempt?

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A. No.

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Q. And dealing with Justin Cook,  
you indicated that in the evening that  
child arrested you arrived in the child's room about

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4 a.m. prior to the actual arrest?

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A. Yes.

4

Q. And you mentioned that you saw  
Dr. Jedeikin there?

5

A. Yes.

6

Q. And Susan Nelles and Phyllis  
Trayner were also there?

8

A. Yes.

9

Q. Do you recall seeing Lynn  
Johnstone there when you arrived?

10

A. She was at the nursing station.

11

12

Q. And did she come into the room  
subsequently?

13

A. Yes.

14

Q. Was Bertha Bell there?

15

A. Yes.

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Q. Dr. Kantak?

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A. There was another doctor in the  
room.

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Q. Was there anyone else in the room that you can recall?

A. The anaesthetist, I think he got there around the same time that I did.

Q. Anybody else?

A. Not that I recall.

Q. What condition was the baby in when you arrived in the room?

A. He was distressed.

Q. What do you mean distressed?

A. Could I look at the chart just to refresh my memory?

Q. Certainly. Could the witness have the Cook chart, please?

A. The child was cyanotic and had started to seize.

THE COMMISSIONER: What page are you looking at?

THE WITNESS: Page 29 - 27 there is a note there.

MS. FORSTER: Q. You are referring to the note starting in the middle of page 27 and the further note on page 29 of the chart?

A. Yes.

Q. Do you recall anything else





Coulson, cr.ex.  
(Forster)

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about the child's condition when you arrived?

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A. The child was breathing on his own when I arrived and they had made arrangements for the child to go to the Intensive Care Unit. The anaesthetist was going to intubate the child and transfer him to the unit and when he intubated the child, that's when his heart stopped and CPR was then commenced.

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Q. Miss Coulson, I suggest to you that the staff in that room that evening was particularly nervous about this arrest. Would you agree with me?

A. Yes, it was tense.

Q. Were you yourself tense?

A. Yes.

Q. Tenser than you were for most of the resuscitations?

A. Yes.

Q. Can you tell me why?

A. Digoxin had been locked up that night and there was a concern. I think that would be reason enough to be concerned.

Q. All right. And is it fair to say that by this time you still hadn't received an explanation for why the digoxin was being locked up?





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A. That's right.

Q. And did that cause you concern?

A. Yes.

Q. Is it fair to say that the general feeling amongst the people there was that they knew something was going on but that they didn't know what it was?

A. Right.

Q. And you indicated to Mr. Lamek that Mrs. Trayner had said during this arrest that she wanted the child to be taken to the ICU?

A. Yes.

Q. Do you recall at what stage she indicated that?

A. It was throughout the resuscitation procedure when I was in the room; I wasn't there the whole time.

Q. And you say you thought --

THE COMMISSIONER: I'm sorry, it would be surely too late to take the child to the ICU once the resuscitation had started, wouldn't it?

THE WITNESS: Yes. As I said yesterday, I have seen children being bagged, helping them breathe to get to the ICU but not as a rule do you do the CPR and the bagging. Usually, you have to







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get their heart beat first and then transfer them  
to the unit.

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MS. FORSTER: Q. What was the  
reaction of other people when she suggested that  
the baby go to ICU?

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A. It seemed a little more anxiety  
producing, you know, because people were anxious  
enough as it was without having someone say  
let's get him to ICU, let's get him to ICU.

11

12

Q. Is it fair to say that  
Mrs. Trayner was very anxious about this arrest?

13

14

15

A. Yes, she was very anxious.

Q. All right. And did you see  
anything suspicious in her suggestion that the child  
go to ICU?

16

A. Suspicious?

17

Q. Yes.

18

A. No.

19

Q. You mentioned yesterday that  
you thought this was unusual. Did you mean unusual  
in the sense that she was so anxious about getting  
the child off the ward and into ICU?

22

A. Yes.

23

Q. Now, the evening that Baby  
Hines arrested you were responsible for the supervision

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of Wards 4A and 4B?

A. Yes.

Q. Do you recall seeing Baby Hines before his arrest?

A. Yes. I would like to refer to this.

Q. Certainly. You are referring to the tour end reports?

A. The tour end reports. What was the date, I'm not sure.

THE COMMISSIONER: Has everyone got a copy of the tour end reports yet?

MR. LAMEK: No.

THE COMMISSIONER: I'm not being discriminated against then.

MR. LAMEK: No.

THE WITNESS: From a tour end report I have underlined that the child -- do you want me to read off what is written?

MS. FORSTER: Q. Yes.

A. I have written down stable and I have check marked and also I have underlined, the evening supervisor had written that he had remained on an apneic monitor and cardiac monitor and I underlined that and put a stable and check mark, so, that





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indicates to me now that I did see the child previous  
to his arrest and that in my estimation he was  
stable.

Q. All right. Other than  
looking at the tour end report, do you have any  
independent recollection of seeing the child that  
night?

A. Before he arrested?

Q. Yes.

A. I don't remember.

Q. All right. And dealing next  
with Baby Manojlovich. Do I understand that the  
only time that you saw that child on the evening  
she died was after the Code 25 was called?

A. Yes.

Q. And did you proceed immediately  
to her room after the Code 25 was called?

A. Yes.

Q. Do you recall who was present?

A. The team was there.

Q. What team was that?

A. The cardiac --

Q. The arrest team?

A. The cardiac arrest team; Lynn  
Johnstone was there and I know that Anne James and







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BB7  
Glén Carter, two of the other supervisors did come to answer the code. I can't remember the nurses that were in the room.

Q. I understand that it was after this baby was pronounced dead that you went over to see Baby Pacsai.

A. Yes.

Q. And was that the first time you saw Baby Pacsai that evening?

A. I might have popped in earlier on during the arrest. I vaguely remember walking down the hall going into that room.

Q. Do you recall why you went into the room?

A. No, other than just to make sure everything was okay.

Q. Do you recall who was present in the room when you went in?

A. No, I don't remember.

Q. Now, when you went over after the Manojlovich baby died who was present in the room at that time?

A. Susan Nelles was there and Dr. Costigan and I think Lynn Johnstone and the charge nurse.





BB8

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Q. And who is the charge nurse?

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A. Mary Jean Halpenny.

4

Q. Do you recall seeing anyone

5

else in the room?

6

A. No.

7

Q. All right. How long were you

8

in the room on that occasion?

9

A. Not very long.

10

Q. 5, 10 minutes, an hour?

11

A. Oh, just a few minutes.

12

Q. And what was going on while  
you were in the room?

13

A. The doctor was examining the

14

baby. I would have to refer to the chart. And then  
I left to go around on my duties.

15

Q. Did you see the child again

16

before he died?

17

A. No, he was transferred to ICU

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about 6 o'clock. I may have come back before he

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was transferred. I remember coming back to 4A/B

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to ask Lynn if she needed me to do any of her wards,  
so, I may have seen him again but it would have

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just been...

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Q. Do you have any specific

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recollection of seeing him again?

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BB9

A. Not specific, I remember more talking to Lynn.

Q. All right. Now, I take it from the charts we have on the bulletin board which I think are Exhibit 352, you were on duty for a total of 20 out of the 27 deaths listed on those two charts?

A. Yes.

Q. Did you review the medical records for the 20 babies that you were on duty for before giving your evidence here?

A. I've gone over the charts, yes.

Q. Okay. And other than the babies that you have already told me about, do you recall seeing any of the other children at any time during the evening of their arrests?

A. I'm sorry, would you repeat that?

Q. You've told me about seeing some of the babies on the evening they arrested and other than those babies do you have any recollection of seeing any of those other babies that died while you were on duty?

A. Some of them I would have seen in making my rounds and some of them I wouldn't have.







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Q. Do you have any recollection  
of seeing any of these other children?

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A. You mean the night before they  
arrested?

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Q. Yes, the night they arrested?

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A. Not the night they arrested.

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Q. You don't.

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A. I would have to go over the  
tour end reports to refresh my memory, what I have  
written down, but I don't have a great recollection.

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Q Well, other than what shows up on the tour end reports, do you have any independent recollection now of seeing any of those other children on the night they arrested?

A Of seeing them? I don't understand the question.

Q Well, I assume that for the babies where you were supervisor on 4A/4B we can assume that you would have seen the children when you did your rounds that evening?

A Yes.

Q And you would have seen them again when they arrested when the Code 25 was called?

A If the arrest was after I had been there, yes.

Q Yes. Well, we are just talking about during your shift.

A Okay.

Q All I am asking you is having reviewed the charts do you have any recollection of the events that took place on the evening that any of these other babies died?

A I remember Lombardo.

Q Yes.

A As I have already testified.





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Gionas stands out in my mind. The Hines baby. I vaguely remember Estrella. Velasquez, Cook and Miller. The night of Manojlovich and Pacsai. I have a vague recollection of that first week in July. I can't tell you babies' names.

Q. Anyone else?

A. No.

Q. All right. You mentioned Lombardo. You were in charge of Wards 4A and 4B the evening that she died?

A. Yes.

Q. And do you recall seeing that child on your rounds that evening?

A. Is it okay to look at this?

Q. Yes.

A. Stephanie Lombardo, I have down here that she was stable and then the next note I have written is she arrested at 3:50 and died at 4:20.

Q. Do you recall seeing her on your rounds?

A. No.

Q. Do you recall attending at the arrest?

A. I remember being there.

Q. Did you arrive after the Code 25







CC.3

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was called or before?

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A. After.

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Q. Who was present when you arrived?

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A. The team was there.

6

Q. The arrest team?

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A. Yes. I know Mrs. Trayner was there and I am not sure but I think Mrs. Bell was there.

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Q. Anybody else you can recall?

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A. And I am not sure about Mrs.

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Scott.

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Q. What was Mrs. Trayner doing?

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A. Phyllis was usually drawing up the drugs.

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Q. Well, was she doing that for this arrest?

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A. I don't remember exactly.

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Q. Do you recall anything suspicious or unusual in the events surrounding the resuscitation effort on that child?

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A. The only thing that I am confused about and that I can remember, and I will have to say it again, about Gionas and Lombardo, is they both had high potassiums, and then I can't be assured as to whether or not this is when the doctor in question reached up and took the IV bag down.

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CC. 4

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Q. Okay. Other than that can you recall anything unusual or suspicious surrounding the --

A. Suspicious and unusual, no.

Q. Next you mentioned Baby Gionas and you were also Supervisor of Wards 4A/4B that night.

Do you recall seeing that child on your rounds?

A. What night was that? March 9th?

Q. March 9th. It would have been your shift of March 8.

A. Yes. 8th. I don't remember.

Q. Do you remember attending at the arrest of that child?

A. That is the only one that I can't be assured of, whether that was the one that the doctor had the IV.

Q. All right. If that is the one where you saw the doctor take the IV bag, you remember something about the arrest?

A. If not, I don't remember anything.

Q. You don't remember anything okay.

Next Estrella. Do you recall seeing that child on the evening she died? You were not the supervisor of 4A/4B that night.

A. Then I wouldn't have seen her.





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Q. Did you see her at the time she arrested?

A. I would have answered the Code, responded to the Code, yes.

Q. Okay. Do you recall anything about the resuscitation efforts on that child?

A. Not much.

Q. Can you tell me what you do remember?

A. It was in Room 423. It was crowded. It was warm, and I remember the child had been on isolation - in isolation.

Q. Do you remember who was present for the resuscitation efforts on that child?

A. No.

Q. Do you remember anything unusual surrounding the resuscitation efforts on that child?

A. No.

Q. Next you mentioned Velasquez. And you were Supervisor on Wards 4A/4B the evening that child arrested?

A. Yes.

Q. Do you recall seeing that child on your rounds?







CC. 6

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A. That was August 24th?

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Q. Yes, so it would have been your

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shift August 23rd.

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A. I have written down here that I

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had - his apex had gone up to 200 and his temperature

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had come down so I would have seen him before he

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arrested.

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Q. Do you recall seeing the child

or are you simply relying on the --

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A. I have to rely on the tour end

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report.

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Q. You have no independent

recollection then of --

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A. My vivid - my recollection would

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be during the arrest.

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Q. All right. And again did you go

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after the Code 25 was called?

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A. Yes.

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Q. All right. When you arrived

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who was present in the child's room?

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A. Colm Costigan I believe was on

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that night and Phyllis was in charge. I don't know

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who the other nurses were.

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Q. Was there anybody else that you

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can remember being in the room?

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CC.7

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A. The uncle came in. He was a resident in another part of the Hospital, and I remember him coming in.

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Q. Anyone else?

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Can you tell me what Mrs. Trayner was doing during that arrest?

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A. I imagine she was doing - drawing up the drugs but I can't say for sure.

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Q. And do you recall anything unusual or suspicious about the resuscitation efforts on that child?

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A. There was something about - I believe it was codeine but other than that there was nothing suspicious.

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Q. Now other than the children that you have told me about can you recall seeing any of the other children on the list there on the evening they died?

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A. Not specifically.

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Q. I take it it is fair to assume with respect to the other children if you were supervising 4A and 4B you probably saw the children on your rounds?

A. Oh, yes.

Q. And that you would have attended





CC.8

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when the Code 25 was called?

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A. Yes.

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Q. And even if you weren't

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Supervisor of 4A/4B if a Code 25 was called you would

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in most cases attend at the arrest?

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A. I would respond to the calls.

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Q. And I suggest to you that with

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respect to those other children if you had seen

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anything unusual or suspicious in the deaths of those

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children they would most likely stick out in your

mind; is that fair?

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A. Something would have been written

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down or reported, definitely.

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Q. Next I want to take you to the

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discussion that you had with Lynn Johnstone on the

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Tuesday evening. I take it you were the one that told

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Mrs. Johnstone that Homicide had been called in?

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A. Yes.

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Q. And you indicated you learned

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that when you came off duty either on the Monday

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morning or the Tuesday morning?

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A. That is correct.

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Q. All right. You say in yesterday's

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transcript at page 416 when you were telling

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Mr. Lamek about this discussion, you said:







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"And Mrs. Johnstone and I were standing there talking and I said to her -- "

THE COMMISSIONER: Sorry. 416?

MS. FORSTER: Sorry, sir. 4168.

THE COMMISSIONER: Thank you. Yes.

MS. FORSTER: Q. You said:

"And Mrs. Johnstone and I were standing there talking and I said to her that Homicide had been called in and I said does this mean murder ... "

And do you recall what Mrs. Johnstone said to you when you asked her that?

A. Something like I guess so or it looks like it. It was an affirmative.

Q. And then you said:

" ... and we were both shaking and I said that looks as if it points to one of two people."

Am I correct in assuming that the two people you were referring to were Susan Nelles and Phyllis Trayner?

A. Yes.

Q. And when you made that comment to Mrs. Johnstone did you make that comment because you thought one of the two of them had been murdering





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babies or did you make it because you felt that if the police were investigating murders they were the two that were the most likely suspects?

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A. That was what I thought of off the top of my head. I would not believe, could not believe that anybody - that they would murder the babies.

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Q. All right.

A. And they seemed to be the likely suspects.

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Q. And is that because they were there for more of the deaths than any of the other nurses that you were aware of?

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A. That was my suspicion, yes.

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Q. All right.

A. My conclusion.

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Q. You indicated that you felt that of the two it was more likely Trayner than Nelles because you recall that Nelles was not there for the Lombardo death. Is that correct?

A. Yes.

Q. And you mentioned that the only thing that makes Lombardo stick out in your mind and Susan Nelles' absence from that arrest is the fact that you spoke to her brother the following day?





CC.11

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A. Yes.

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Q. At the time of the Lombardo death did you have any reason to suspect that that child had been murdered?

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A. No.

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Q. Then I am a little curious as to why you would centre out that death? Were you assuming that if the police were investigating they were investigating all the deaths that had taken place since July?

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A. Yes.

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Q. And did you have any basis for that assumption?

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A. The fact that these babies had died, the fact that it was during the night, the same nurses always seemed to be on, they had locked up digoxin, there had been a high digoxin level in Pacsai. These things just seemed to come together and that is how come I came to that conclusion.

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Q. All right. But am I correct until you became aware that the Homicide Squad was involved that you never had any reason to suspect that anybody was murdering babies?

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A. That is true.

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Q. And there was never anything







CC.12

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about the circumstances surrounding the deaths of  
any of these children that at the time made you wonder  
whether somebody had murdered that particular baby?

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A. That is right.

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Q. And I suggest that you never saw Phyllis Trayner do anything that suggested that she was causing any harm to these babies.

A. I never saw her do anything, no.

Q. And if you had you would have told the police, wouldn't you?

A. I would have told them, yes.

Q. And I suggest to you that you never saw any behavior on the part of Mrs. Trayner that led you to be suspicious of her in any way.

A. Suspicious, no.

Q. In fact, I suggest that you told the police that in your opinion you didn't think that Phyllis Trayner was capable of murdering babies.

A. Not that -- I didn't figure that she would be -- have the brains behind doing something to so many babies.

THE COMMISSIONER: I'm sorry, I don't know if this is what you thought, or this is what you told the police.

THE WITNESS: I told the police that.

THE COMMISSIONER: When did you tell them that?

THE WITNESS: After the preliminary hearing.





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THE COMMISSIONER: I guess it is not relevant. It is certainly not helpful to me on the cause of death, and it is not relevant on the second issue.

MS. FOSTER: I am simply raising it because a suspicion was raised initially.

THE COMMISSIONER: I would, even if she said she thought she was capable, I would still have said it is totally irrelevant.

MS. FOSTER: Fair enough.

Q. I put it to you that throughout this period of the increased deaths Mrs. Trayner was just as bewildered and upset by the fact that so many deaths were occurring while her team was on duty as everybody else was in the hospital.

A. She was very concerned, yes.

Q. And she sought answers as to why these were happening and whether or not her team could have done anything to help these babies, didn't she?

A. That's true.

Q. I put it to you that there was nothing that caused you to single out Phyllis Trayner during that discussion with Mrs. Johnstone, other than the fact that Mrs. Trayner happened to be







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present for all of the deaths, is that correct?

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A. Her presence, yes.

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Q. And you yourself were present  
for a great many of the deaths, weren't you?

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A. Yes.

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Q. In fact, you were present for  
20 out of the 27 out of the list on the bulletin board.

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A. That's right.

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Q. And how are you able to account  
for your presence during so many deaths?

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A. I was on duty, I was there.

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Q. And there is nothing suspicious  
about that, is there?

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A. No.

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Q. And you told Ms. McIntyre this  
morning that there were many other people in the  
hospital who had access to Wards 4A and 4B during  
the night shift, is that correct?

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A. I said there were other people  
that were around the hospital at night.

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Q. And they certainly had access to  
the cardiology floors.

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A. They could have gone there, yes.

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Q. There are a variety of different  
points where they could gain access to that floor,

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there are several elevators on the floor and numerous stairwells that they could get up during the evening, is that correct?

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A. There are a few, yes.

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Q. Do you regard Mrs. Trayner as a competent nurse?

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A. Yes, she was a good nurse.

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Q. Did she provide good nursing care to the patients you saw her with?

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A. In my assessment, yes.

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Q. Lastly, I want to deal for a moment with the incident you told us about where you saw a doctor put an I.V. bag into his pocket. Can you tell me what the doctor looked like, other than the mustache?

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A. That's all I can remember.

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Q. Can you remember whether he was tall, short, fat, thin, what color hair?

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A. It seems to me he was the resident in charge of the arrest. He was concerned about the potassium and he reached up and took the bag that was not in use and put it into his pocket.

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THE COMMISSIONER: I'm sorry, the bag which was not in use, are there two bags?

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THE WITNESS: He had asked, when we got





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the results back from the arrest -- I'm sorry, when we got the results back from the lab during the arrest the child had a high potassium, and so he ordered that a plain bag, plain I.V. fluid be hung so the whole line was then changed, but the --

Q. I'm sorry, can I stop you there. I don't understand. You are getting too technical for me. He ordered a plain bag of I.V. fluid?

A. I.V. fluid.

Q. To be put behind?

A. To be hung.

Q. To be hung?

A. Yes. That meant whoever hung the I.V. set up a whole new line, a new buretrol and a new I.V. tubing and so then that --

Q. Before that one was hung was the child on an I.V.?

A. Yes.

Q. Was it plain I.V. fluid?

A. I don't remember. There was a red -- I could see a red sticker on the bag, I don't know, it would depend which child it was.

Q. What does a red sticker signify?

A. That there is medication in the I.V.







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THE COMMISSIONER: You say -- this was obviously not a spent bag, this was a bag that was no longer in use and had not been in use at the end of the arrest, this bag, is that right?

THE WITNESS: The bag that he put in his pocket was the bag that the I.V. was flowing throughout the arrest until he got the results. When he got the results and it was a high potassium, he said put up a plain I.V. So the other bag, the first bag was still hanging there on the I.V. pole.

THE COMMISSIONER: But not attached to the child.

THE WITNESS: Not attached to the child. I remember --

THE COMMISSIONER: You thought it strange that he put it in his pocket?

THE WITNESS: Yes, because I felt if there was a concern he would have said send the bag down to the lab.

Q. Can we run through that again slowly. At the beginning of the resuscitation effort the child had an I.V.?

A. Yes.

Q. And the I.V. bag had a red sticker on it?





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A. Yes.

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Q. And after the lab results came

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back a new I.V. bag was hung.

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A. Yes.

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Q. And that was inserted into the

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child.

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A. The tube was.

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Q. The fluid from the new one was

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inserted into the child, the fluid from the bag with

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the red sticker was taken off, that I.V. was taken

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A. That's right.

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Q. And it is the one with the red

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sticker that he stuck in his pocket?

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A. Yes.

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Q. And do you recall what room the

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child was in?

A. It was in Room 418.

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Q. Do you recall whether -- that is

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the infant room, is it not?

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A. It is the room next to the nursing

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station, yes.

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Q. Do you recall if there were any

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other babies in the room?

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A. I don't remember.

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THE COMMISSIONER: There usually are,  
are there not?

THE WITNESS: Yes, usually four or six  
in the room.

Q. Do you recall who else was in the  
room other than yourself and this doctor?

A. There were nurses at the cart and  
they were --

Q. The crash cart?

A. At the crash cart and they were  
putting things together, and I can -- excuse me, Anne  
James who was the other supervisor who was on with me was  
standing in the doorway, and she saw this doctor  
as well. She asked me what he was doing, and that  
is when I went over to him and I asked him what he  
was doing.

Q. Other than Anne James can you  
recall who else was present?

A. No, I can't.

Q. You can't recall any other nurses?

A. No.

Q. Do you recall the names of any  
of the other patients in that room?

A. No, I don't.

Q. Do you recall whether you were







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supervisor in charge of 4A/4B that night?

A. If it was Anne James and I on,  
then I would have been the supervisor.

Q. Do you recall whether that was  
the case?

A. I know that she and I were the  
only ones that were on. That is what is making me  
isolate it down to those two children?

Q. Did you have occasion to discuss  
this with any of the nurses afterwards?

A. No, I don't remember.

Q. Do you recall seeing that doctor  
in the hospital after that?

A. I remember going up to him and  
asking him what was in the I.V. bag.

Q. And what did he say?

A. He said it was okay, there was  
potassium -- either the potassium was okay or there  
was no potassium in it.

Q. When did that discussion take  
place in relation to the arrest?

A. A little while after.

Q. The same evening, the same  
night?

A. I believe so.





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Q. Do you recall seeing the doctor  
in the hospital at all after that?

A. I can't remember who it is.

Q. You can't even place the face?

A. I don't remember.

MS. FOSTER: Thank you very much.

THE COMMISSIONER: All right, I think --  
yes, Mr. Olah?

MR. OLAH: I thought I would point out,  
it might assist this witness, Exhibit 352 doesn't seem  
to contain the child Belanger.

THE COMMISSIONER: I'm sorry, doesn't  
contain what, please?

MR. OLAH: Doesn't seem to list the  
category of deaths, doesn't contain Belanger.  
I see, I am told the reason is it is the day time  
deaths on the wards. I apologize. I thought this was  
a list of all deaths.

THE COMMISSIONER: No, no, it is  
only the ones that the night supervisors were on.  
Well, I think the distinguished body or juris, or  
at least counsel, can they wait until after the break  
before we continue? All right, 20 minutes then.

---Short recess.





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--- Upon resuming:

THE COMMISSIONER: Would you hang on for just a moment, Mr. Hunt, I'm going to say something.

I have held another private meeting. There is a problem with respect to evidence not of this witness but of the next witness and we are going to have a meeting to discuss it in camera at 9:30 in, I think it is No. 3 on the 21st floor, that's the one that has been arranged.

We are satisfied that the people who should be there in any event besides Mr. Lamek are Mr. Percival or Mr. Young, Mr. Tobias, Miss Solomon and Miss Forster and Mr. Brown.

Now, anyone else who would like to know what it is can consult with any other counsel who does know what it is and consult with Mr. Lamek who will tell them and after you find out what it's about, if you want to attend you are welcome but I really don't think the rest will be interested.

MS. FORSTER: This is 9:30 tomorrow, sir?

THE COMMISSIONER: Yes, 9:30 tomorrow morning. I have lost the note but I think it is, I am pretty sure it is No. 3 on the 21st floor.

We expect it won't be long and we will







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be back here at ten or shortly afterwards to proceed with the hearing.

All right now, Mr. Hunt.

CROSS-EXAMINATION BY MR. HUNT:

Q Miss Coulson, my name is Hunt and we represent the Attorney General, Mr. Wiley, Mr. McGee and the Coroners, some of the Coroners.

The first thing I would like to discuss with you is the conversation that you had with Lynn Johnstone on the 24th of March. You have described the time and the place and very precisely I might add. I suggest to you, and you can agree or disagree with this, that your recollection of that is rather clear?

A. Yes.

Q And I suppose that it would be unfair to say that you never before that time had found yourself in that situation before?

A. That's right.

Q You never before had been confronted by the possibility of a homicide investigation in the Hospital?

A. That's right.

Q And you never before found yourself in a position where you were speculating with





EE.3

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someone else as to a suspect in a homicide investigation?

3

4

A. That's correct.

5

6

Q. When you put Phyllis Trayner's name forward in your discussion with Lynn Johnstone, I take it firstly there is no question that it was speculation on your part?

7

8

A. There was no question about that.

9

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14

Q. All right. And I suggest to you that the reason that you put it forward in the course of this discussion when you were speculating was really the result of all of your thoughts and concerns over the nine-month period that had at that point come to a head as opposed to any one particular factor?

15

16

17

18

19

A. That's right.

Q. And you indicated to my friend

Mr. Lamek that one of the factors that motivated you to speculate was the fact that in your mind you associated Phyllis Trayner with the deaths that you considered for some reason to be suspicious?

20

21

22

23

24

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A. No, I wouldn't say suspicious.

Q. All right, what word would you use then?

A. I had concern about the increased number of deaths.





EE. 4

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Q. All right.

3

A. And because of the change of events

4

chat night I came to a conclusion, I speculated  
and Lynn was the only person that I could talk to  
about it and so she was the one I spoke to.

5

6

Q. All right. So, as opposed to

7

suspicious the deaths that you associated Phyllis

8

Trayner with were ones that were of concern to you

9

because of the fact that collectively they represented  
a large number?

10

A. I was thinking of the large

11

number, yes.

12

Q. And the timing. I mean, I take

13

it that given the unusual nature of this particular

14

conversation on that particular night, it is one that

15

you are likely to remember for some considerable time

16

to come?

17

A. Yes.

18

Q. Are you at all surprised that

19

Lynn Johnstone doesn't recall your discussion?

20

A. Not really.

21

Q. Could we take it from your

22

evidence that both of you were in a similar state of  
concern and agitation that night?

23

A. We were very agitated, yes.

24

25







EE.5

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Q. I think you said both of you were shaking as you had this conversation?

4

A. Yes, I remember being upset and having goose bumps and just being really, I think frightened is a good word.

6

7

Q. All right. And from your observations of Mrs. Johnstone, would you say that she appeared to be reacting the same way to the topic that you were discussing?

8

9

10

A. Yes, because we both decided that we shouldn't be talking about this, it was too frightening.

11

12

13

Q. And what I am suggesting to you is that in light of the rather significant nature of the subject matter that you were discussing and the reaction that it had on you, that it is at least a little surprising that the other party to the conversation has no recollection of that significant topic being discussed?

14

15

16

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18

19

A. I can't answer for her.

20

Q. All right.

21

A. I can only answer for how I react.

22

23

Q. By virtue of your ability to recollect the conversation we are able to ask you why

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EE.6

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you put forward the name Phyllis Trayner during your speculation? By virtue of Mrs. Johnstone's inability to recall the conversation we weren't able to ask her why she put forward the name of Susan Nelles during that conversation. Was there anything that she said to you during the course of this conversation that gave you any basis for her putting forward the name Susan Nelles?

A. To what I can remember she said that Phyllis hadn't been there for - and she named a child's death - but I don't remember which child it was. So, we seemed to be at a draw.

Q. So, really, the reason that you advanced for rejecting the speculation that Susan Nelles might be a suspect was because of your recollection that she wasn't present at some deaths and the reason advanced by Lynn Johnstone for rejecting Phyllis Trayner was because it is her recollection Phyllis Trayner wasn't present for some deaths?

A. That's right.

Q. Now, the fact that you indicated to Lynn Johnstone that you rejected her suggestion of Susan Nelles because she was not there when Lombardo died is of some significance to me. I want





EE.7

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to ask you a number of questions with respect to  
that and they relate to the people that we represent,  
that is, Mr. Wiley and Mr. McGee, the Crown Attorneys.

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Why I am doing this, I want you to be  
very clear as to the significance in terms of our  
position and that is, it would appear from what you  
have said that you ruled out Susan Nelles as a suspect  
in your own mind on the night before she was arrested  
because she wasn't present, to your recollection,  
when Baby Lombardo died and that is one of the very  
reasons that His Honour Judge Vanek discharged Susan  
Nelles at the end of the preliminary a little over a  
year later. So, you can see the significance of that  
particular observation of yours?

15

A. Yes.

16

17

18

19

20

21

22

23

24

25

Q. All right. Now, before I ask you  
the questions I'm going to indicate to you that on  
my reading of the statements that were taken from you  
by members of the Metropolitan Toronto Police on  
April 3rd, 1981 and on April 28th, 1981, there is no  
mention by you to them of either your conversation  
with Lynn Johnstone on the night of the 24th or your  
belief that Susan Nelles wasn't an appropriate  
suspect because she wasn't present when Baby Lombardo  
died. Do you agree with me, having read those







EE.8

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2

statements, that there is no reference in those  
statements to either of those pieces of information?

3

4

A. Not in those two statements,  
you're right.

5

6

Q. Right. In fact, I suggest to you  
that what you told the police on both of those  
occasions can be described as important information  
with respect to what occurred during the arrest and  
resuscitation attempts on Babies Cook and Miller?

7

8

9

10

A. That's right.

11

12

Q. All right. And I suggest to you  
further that neither of those statements do you in  
any way implicate or suggest that Susan Nelles was  
guilty of any wrongdoing at the times when you  
observed her in connection with those two events?

13

14

15

A. Would you say that again?

16

17

Q. In neither of those statements  
do you implicate Susan Nelles in any wrongdoing or  
suggest that she was guilty of any wrongdoing during  
the time you observed her with respect to those two  
events?

18

19

20

A. That's right.

21

22

Q. All right.

23

MS. McINTYRE: I am sorry, sir. Is  
Mr. Hunt referring to the written statements or what

24

25





EE.9

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she recollects as making verbally the statements to  
the police?

3

4

THE COMMISSIONER: No, he is referring  
to the two written statements.

5

6

MR. HUNT: That's correct.

7

MS. McINTYRE: The written statements.

8

MR. HUNT: That's correct. I'm not  
referring to your verbal statement that you indicated  
at that time.

9

10

Q. Now, I am going to suggest to  
you that, and I will do it this way, when you were  
in the presence of Mr. Wiley and Mr. McGee shortly  
before you testified, what was commented on or discussed  
or reviewed to whatever extent it was, was your  
written statement?

11

12

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14

15

A. Only what was written.

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EF/EMT/ak

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Q. Only what was written, right.  
and

What happens/ I am going to suggest  
this to you. You can just take this from me for the  
moment before I ask you these questions, is that  
statements when they are taken in writing are turned  
over to the Crown, reviewed by the Crown and then  
a decision is made with respect to whether or not  
to call a witness such as yourself, and a decision is  
made as to whether or not that witness requires an  
interview prior to testifying.

Now when you attended prior to giving  
your evidence on a morning of I think it was February  
1st --

A. Yes.

Q. -- you were taken to a room  
where ultimately you were introduced to Mr. McGee.

A. Yes.

Q. Mr. Wiley was present.

A. Yes.

Q. Constable Murray was present.

A. Yes.

Q. And you think there was  
another person at the other end of the table but you  
can't remember who?

A. That is right.







1  
2  
3 Q. In the course of that meeting  
4 I suggest to you, and I am going to suggest certain  
5 things that I do not consider to be relevant, and I  
6 am not going to lead you when it comes to the  
7 relevant question, but I suggest in the course of that  
8 meeting people were attempting to put you at ease.

9 A. Yes.

10 Q. All right. To make you feel  
11 comfortable about the fact that you were about to  
12 testify.

13 A. Yes.

14 Q. And they were attempting to  
15 explain to you what it was that you were about to  
16 go through? That is, giving your evidence and being  
17 examined and cross-examined?

18 A. Yes. An explanation was given.

19 Q. All right. And a description  
20 of the room, the courtroom, where the matter was  
21 going to proceed was given to you.

22 A. I am not sure if it was given  
23 while I was down <sup>in</sup> that room or just outside the court-  
24 room.

25 Q. All right.

A. But John Murray did give it  
to me.





1

2

Q. Shortly before you went in?

3

A. Yes.

4

Q. And the total length of time

5

when you were in this room prior to testifying I

6

suggest was relatively short?

7

A. Yes.

8

Q. Just so that we are clear,

9

Mr. McGee, the Crown Attorney, was not in the room

10

for the entire period of time?

11

A. Oh, he just popped in.

12

Q. And ultimately he was the one

who examined you in the courtroom?

13

A. Yes.

14

Q. The person that you had most

15

dealing with in terms of representative of the

16

Crown in that meeting was Mr. Wiley?

17

A. For that short period of time,

yes.

18

Q. All right. Now the next

19

question or questions that I am going to ask you are

20

the critical ones from my point of view, and I am

21

not going to lead you. I am going to just ask you

22

the question and ask you to think about it before you

23

give your answer.

24

Did you ever tell Mr. McGee or

25





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2

3

Mr. Wiley about your conversation with Lynn Johnstone  
in the corridor of the Hospital on March 24th of 1981?

4

A. No, I didn't.

5

6

7

8

Q. Did you ever tell Mr. McGee  
or Mr. Wiley about your feelings that Susan Nelles  
couldn't be the suspect because she wasn't present  
for Lombardo's death?

9

A. No, I didn't.

10

Q. After that meeting you went  
upstairs and gave your evidence?

11

A. Yes.

12

13

14

Q. And then you were called back  
for a very brief appearance in court some time later  
in the preliminary hearing?

15

A. Yes.

16

17

Q. And at that time I think you  
said that you had no interview with either Mr. McGee  
or Mr. Wiley prior to giving your evidence?

18

A. That is right.

19

20

21

22

Q. And I take it you didn't have  
any discussion with any other representative of the  
Attorney General's Ministry prior to giving your  
evidence at that time either?

23

A. That is right.

24

25

Q. Now when you met with the







1  
2  
3 police - this is on the 3rd of April of 1981 - you  
4 indicated in your evidence that you were having  
5 difficulty believing that Susan Nelles could have  
6 done it because she wasn't there for some of the  
7 deaths.

8 A. I remember saying that to the  
9 policeman, yes.

10 Q. All right. And what I want to  
11 ask you: when you spoke to the police officer on  
12 the 3rd of April did you say in addition to that  
13 "But I put forward Phyllis Trayner"?

14 A. No, I did not say that.

15 THE COMMISSIONER: I'm sorry, I  
16 want to have that. Did you say that - what?

17 MR. HUNT: Q. Did you say in addition  
18 to the fact that you were having trouble believing  
19 that Susan Nelles did it because she wasn't there for  
20 some of the deaths - my question was in addition to  
21 that did you say "But I put forward as a suspect  
22 Phyllis Trayner"?

23 A. No, I did not say that.

24 Q. Now you have commented on a  
25 number of occasions to different people about the  
timing of these arrests, the coincidence that seemed  
to be occurring. They were all taking place during





1

2

a very narrow time frame?

3

A. That is right.

4

5

Q. This is something that struck you as I understand it from your evidence very early on in this time period during the month of July?

6

7

A. That is right.

8

9

Q. And continued on right through till the end.

10

11

A. There seemed to be a period of time when there would be a group of arrests in a sequence.

12

13

14

15

16

Q. All right. Now from your experience are you able to tell us at approximately what times during the long night shift on Wards 4A and 4B during this period of time nurses took their breaks?

17

18

A. I don't feel I am qualified to say that because I was not the regular supervisor.

19

20

21

22

Q. All right. Can you tell us what type of breaks nurses on 4A/4B took during this period of time? By that I mean coffee breaks; lunch breaks. Was there a regular routine with respect to the type of breaks?

23

24

25

A. I can only say from what I would see because I would only be there maybe two





1  
2  
3 nights a week and maybe not that often. It would  
4 depend on different teams.

5 Q. All right. From your observa-  
6 tions in the times that you were there can you tell  
7 us what you observed with respect to the types of  
8 breaks that were taken and the timing of the breaks?

9 A. They would take a break, oh,  
10 I would have to say it depended a lot on the type of  
11 children that they were looking after, the feedings,  
12 what care they required, and they would arrange  
13 between themselves - and I am talking about the RN's -  
14 they would arrange between themselves as to who would  
15 cover if it was a constant care, who would cover the  
16 child; if it was a room, the different nurses that  
17 were on. They would just take turns going for coffee.  
18 I can't give you a length of time because I don't  
19 really know.

20 Q. I appreciate that. What I  
21 guess I am getting at is this: Normally you  
22 consider that people might take a coffee break during  
23 the first half of their particular shift.

24 A. Yes.

25 Q. Then at some point have their  
lunch or dinner.

A. Yes.







1  
2 Q. And then perhaps a coffee break  
3 during the second half of the shift. Much like we  
4 do here in this Commission. A coffee break in the  
5 morning, lunch, and coffee break in the afternoon.  
6 What I am getting at was that sort of a routine even  
7 though it is not fixed in stone perhaps the way ours  
8 is --

9 THE COMMISSIONER: Ours isn't. We  
10 have just changed it.

11 MR. HUNT: It is a new stone.

12 Q. But is there any type of a  
13 routine whereby that is the normal situation insofar  
14 as breaks go?

15 A. Nurses are entitled to a  
16 certain period of time for certain number of minutes  
17 per break, and how they decide to do it is certainly  
18 up to them.

19 A lot of nursing teams decide like I  
20 said before individually. Because they come on at  
21 7:30 and I don't come on until 11:00, 11:15 makes it  
22 awkward for me to really tell you, so I really again  
23 don't feel qualified.

24 Q. Okay. Fine.

25 If we could just look for a moment at  
the times of these arrests and the times of the onset





1  
2  
3 of critical symptoms I think perhaps it will  
4 demonstrate your point that you have made with  
5 respect to the very narrow time frames.

6 First of all I should ask you the  
7 impression that you had about these times, did it  
8 come from just the cases where children died when  
9 you were present or did you include in your pool  
10 of knowledge about this information you learned when  
11 you would come back to work and hear about the children  
12 who had died when you were off, for example?

13 A. That -- I took that into  
14 consideration as well because there were two  
15 in December, MacDonald and Gosselin, that took place  
16 when I wasn't on, and they were both during the night.

17 There was another one, Monteith, I  
18 wasn't on for, and that was during the night.

19 There is another one, McKeil, when  
20 neither Lynn Johnstone nor I were on. Fazio, neither  
21 one of us were on and that was also during the night.

22 Q. All right. Well, let's just  
23 go over the names that appear on those two charts,  
24 the Category A and Category B children that died at  
25 night, and I will do them chronologically.

Just to examine the time frame during  
which the critical event began and death was finally





1  
2 pronounced, if you would. I will give you my  
3 information that comes from the information before  
4 the Commission and I won't ask you to refer to --

5 THE COMMISSIONER: Is that set forth  
6 in any exhibit?

7  
8  
9 -----  
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MR. HUNT: It is set forth, I suppose,  
in the chart, not in --

THE COMMISSIONER: In the charts?

MR. HUNT: But not in any single  
exhibit that I am aware of.

Q. With respect to Baby Woodcock,  
the unset time, according to the information I have,  
is 3 a.m., with the time of death at 9:40 a.m.

With respect to Baby Bilodeau the  
onset time was 1:25 a.m., with the time of death at  
2:10.

Baby Taylor, the onset at 1 a.m., the  
symptoms began, and pronounced dead at 2:02.

Baby Dawson, the symptoms began at  
1:30, pronounced dead at 2:40.

Baby Hoos, the symptoms  
began at 2:40, pronounced dead at 3:22.

Baby Turner, symptoms began at 1:25,  
pronounced dead at 2:15.

Baby Monteith, the symptoms began  
at 3:30 and was pronounced dead at 4:45.

Baby Velasquez, the symptoms began at  
3:00, he was pronounced dead at 4:25.

Baby Gage, the symptoms began at  
3:20, pronounced dead at 4:00.





1

2

2

Baby McKeil, symptoms began at

3

3:45, he was pronounced dead at 4:27.

4

Baby Lutes, symptoms began at midnight,  
pronounced dead at 1:34.

5

6

Baby Onofre, the symptoms began at  
3:20, he was pronounced dead at 4:10.

7

8

Baby MacDonald, the symptoms began at  
3:35 and he was pronounced dead at 4:30.

9

10

Baby Gosselin, the symptoms began at  
2:25, pronounced dead at 3:16.

11

12

Baby Lombardo, the symptoms began  
at 3:30, she was pronounced dead at 4:20.

13

Baby Estrella, the symptoms began at  
2:40, pronounced dead at 3:22.

14

15

Baby Fazio, symptoms began at 3:30,  
pronounced dead at 4:45.

16

17

Baby Thomas, the symptoms began at  
3:00, pronounced dead at 3:38.

18

19

Baby Warner, symptoms began at 3:00,  
pronounced dead at 3:45.

20

21

Baby Hines, symptoms began at 4:10  
and we have some time after 6:00 in the morning.

22

Baby Gionas, the symptoms began at  
12:45 and pronounced at 1:45.

23

24

Baby Manojlovich, symptoms began at

25





1

3

2

2:30, pronounced dead at 3:35.

3

Baby Pacsai, symptoms began at 3:45,  
pronounced dead at 10:10 a.m.

4

5

Baby Inwood, symptoms began at 2:00,  
pronounced dead at 3:00.

6

7

Baby Gardner, the symptoms began at  
3:45, pronounced dead at 4:25.

8

9

Baby Miller, the symptoms began at  
1:45, pronounced dead at 3:27.

10

11

Baby Cook, the symptoms began at  
3:45, pronounced dead at 4:56.

12

13

Now, would you agree with me that with  
few exceptions the time frame within which the symptoms  
began and the babies died is remarkably tight?

14

A. Yes.

15

16

Q. So tight that I suggest it defies  
explanation by simply a coincidence?

17

A. You are right, yes.

18

19

THE COMMISSIONER: I'm sorry, the  
witness obviously understood but I didn't.

20

What do you mean by "tight"?

21

22

MR. HUNT: I mean they are tight,  
they fall within a very short time frame in the morning  
hours.

23

24

25

THE COMMISSIONER: You mean when they







1  
2 took place?

3 MR. HUNT: Yes.

4 THE COMMISSIONER: I thought you were  
5 suggesting the period between?

6 MR. HUNT: No, no, I am suggesting  
7 when they took place within those morning hours,  
8 the hours are extremely tight in the sense that they  
9 are all very close together. I further suggest to  
10 you that they are so tight in terms of the time frame  
11 that it defies explanation by mere coincidence.

12 THE WITNESS: That's right.

13 Q. Can you tell me, given that  
14 they appear for the most part --

15 THE COMMISSIONER: I'm sorry. I know  
16 once again the witness agrees with you. The time  
17 frame is a three hour period from midnight, it is a  
18 four hour period up to -- from the start, it is  
19 3:45 at least and perhaps more than that, is that  
20 what you mean by tight?

21 MR. HUNT: What I mean by tight is  
22 the time frame during which, with few exceptions, the  
23 terminal event begins, falls in the hours of between  
24 2 and 4 and the deaths take place, with few exceptions,  
25 between the hours of approximately 3 and 5:00.  
So what I say by tight is that we have many examples





1  
2 with few exceptions of these events beginning between  
3 2 and 4 and the deaths following thereafter between  
4 3 and 5, that's what I meant.

5 THE COMMISSIONER: Well, I am prepared  
6 to accept the word, "tight", if that is what you mean.

7 MR. HUNT: Yes.

8 THE COMMISSIONER: It means two hours,  
9 two hours in most of them and four hours in all of  
10 them.

11 MR. HUNT: Yes. And I am suggesting  
12 that that kind of --

13 MS. McINTYRE: Mr. Commissioner, there  
14 are a large number, or certainly a significant number  
15 where the onset is before 2:00 in the morning, as  
16 Mr. Hunt is suggesting. There are a number that are  
17 1:25, 1:30, 12:45.

18 THE COMMISSIONER: That's right.  
19 He says with a few exceptions, he says they are all  
20 between 2 and 4 and I pointed out to him that they  
21 are all between midnight and 4, but I think it is  
22 right that generally speaking they start, but there  
23 are I suppose half a dozen exceptions to the 2 to  
24 4.

25 Q. I am trying to deal with this  
as a block, and without taking you specifically to





1  
2 each case. So, I think we have agreed that the time  
3 frame within which so many of these terminal events  
4 began of 2 hours between 2 and 4 in the morning with  
5 death following, and somewhere between 3 and 5 is  
6 so tight, or such a small time frame that it can't  
7 be explained merely by coincidence.

8 A. Not when you look at it  
9 collectively.

10 Q. Yes.

11 A. You have to look at it collectively.

12 Q. What I want to ask you is, given  
13 your experience, and appreciating that your time  
14 spent on the ward would not be as great as people  
15 who worked there, and you are back and forth and  
16 there at certain times, the onset of terminal events  
17 falling in the main some time between 2 and 4 in the  
18 morning. Can you tell us whether that would, in  
19 your opinion, based on your experience, likely be  
20 after a point in time during the long night shift  
21 when nurses would usually have taken one break?

22 A. I am going to ask you to  
23 repeat that, please.

24 Q. All right. Based on your  
25 experience and having regard to the limited nature  
of that, in terms of that specific ward, and having







1  
2 regard to the fact that the onset of terminal events  
3 in the main seems to fall between the hours of  
4 2 and 4 in the morning. My question is, can you tell  
5 me whether that time frame between 2 and 4 in the morning  
6 is likely after nurses on that long night shift would  
7 usually have taken one break?

8 A. They would have had a break by  
9 then, yes.

10 Q. Now, we have heard evidence  
11 here from Ms. Costello with respect to Phyllis  
12 Trayner's approach to nursing, and I use that as a  
13 descriptive phrase. She has indicated, and this is  
14 found in Volume 96 at page 1496, Mr. Commissioner.

15 MS. McINTYRE: I wonder if you are  
16 going to be referring to specific evidence I would ask  
17 you to provide the witness with a copy of it.

18 THE COMMISSIONER: Obviously he is not  
19 going to refer to specific evidence, but is it a  
20 lengthy passage?

21 MR. HUNT: Very short, it is probably  
22 easier to --

23 THE COMMISSIONER: You had better give  
24 the page so at least Ms. McIntyre knows it.

25 MR. HUNT: 1495 to 1496, Volume 96.

Q. Perhaps I would just read to you





1  
2 what Miss Costello had to say about this, it is  
3 very brief, and if you have trouble following me just  
4 indicate and I will bring the transcript up to you.

5 It is page 1495 at line 17:

6 "All right. Was that something that  
7 you were aware of?

8 A. I was aware of it at some point  
9 as a problem that Mrs. Radojewski was  
10 dealing with.

11 Q. All right."

12 THE COMMISSIONER: I am sorry, what  
13 is "it"?

14 MR. HUNT: It is the conflict between  
15 Trayner and Nelles, but that comes up some ways  
16 back. I'm sorry, I should have made that clear.

17 Q. At line 21:

18 "All right. Was that a part of what  
19 you referred to as the personality  
20 differences between them, or is  
21 that something separate?

22 A. It probably relates but the  
23 personality differences were a way  
24 of looking at things, a way of working.  
25 Phyllis was much more of a questioner,  
sought help before she got too deeply





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into things, whereas Susan was more  
of a let's assess the facts and do it.

Q. All right. So, Phyllis looked to  
be reassured or seek advice before she  
did something and Susan worked more  
towards doing it. I'm not suggesting  
in a careless fashion.

A. No, after having assessed the  
facts herself."

THE COMMISSIONER: I am inclined to  
agree it is not that short.

MR. HUNT: Compared to some of the  
ones I have read it is quite short.

MS. MCINTYRE: Also not that straight  
forward.

Q. Well, those are my questions,  
so that would account for that.

The point I direct your attention to  
is page 1496. Miss Costello's description of Phyllis  
was:

"...was much more of a questioner,  
sought help before she got too deeply  
into things, whereas Susan was more  
of a let's assess the facts and do it."

All right?







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A. Yes.

Q. You have your evidence clearly  
in your mind?

A. Yes, in front of me.

Q. Do you agree with that assess-  
ment?

A. Yes, I do.

Q. Now, you have had an opportunity  
to see Phyllis Trayner working at a number of arrests  
where resuscitation efforts were undertaken?

A. Yes.

Q. And do you have any particular  
image of her in your mind as to how she worked in  
those situations?

A. Phyllis, to the best of my  
recollection, Phyllis was usually drawing up the  
drugs and having the sequence of medication ready for  
the doctors; she was vocal and liked to take over.

Q. She liked to take over?

A. Yes.

Q. Would you call her aggressive in  
her approach to taking over a situation?

A. Yes, at times.

Q. Now, how would you compare her  
behavior in those situations to her general approach





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to her duties as a nurse?

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A. The majority of times that I would see Phyllis other than in an arrest situation would be when we would be making rounds, and she would be quite confident in what she was telling me about the child, very knowledgeable of any changes or what the child's condition was; she was not aggressive at this point.

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Q. All right. So that would it be fair to say that on one hand her approach to her general duties as a nurse were not aggressive, she asked questions, sought answers in reassurance before she did something?

A. Yes.

Q. And contrast that to her behaviour during the arrest procedures where she was aggressive, wanted to take over?

A. Once she seemed to have a little security in the arrest situation she would like to direct people and tell them what to do.

Q. Which you would agree with me is quite a contrast from her approach to the discharge of her normal nursing duties?

A. It was a contrast, yes.

Q. And would you agree with me that when you are working on a resuscitation there is great pressure on those involved?

A. There's pressure.

Q. All right, there is pressure that every action in terms of the care that is being given to the patient counts?

A. Yes.

Q. And is it not a situation where







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you would expect that someone who is cautious in their normal approach would become more cautious and more questioning when working under pressure in those types of situations?

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A. I don't feel qualified to answer that question.

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Q. All right. I take it that if a child in a resuscitation effort is going to die anyway then the pressure really ceases?

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A. I'm not sure what you mean.

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Q. Well, if a child is going to die.

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A. Do you mean terminal?

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Q. I mean in a resuscitation situation, if the child is going to die anyway --

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THE COMMISSIONER: I thought that was the purpose of the resuscitation, was it not, to prevent the child from dying?

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MR. HUNT: That may be, Mr. Commissioner, but my question is if the child is going to die anyway then the pressure is off.

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THE WITNESS: The pressure on who?

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MR. HUNT: Q. The pressure on the people working on the child?

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A. I'm still not exactly clear on





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3 what you are asking me.

4 THE COMMISSIONER: I'm clear what  
5 he's asking you but I don't see how you can answer  
6 it. Maybe I have misunderstood.

7 MR. HUNT: Well, let me try again.

8 THE COMMISSIONER: Once it is known  
9 that the child is going to die you abandon the  
10 resuscitation, do you not?

11 MR. HUNT: Well, my question is this,  
12 that if a child is going to die in any event during  
13 the resuscitation effort then there is no pressure,  
14 would you agree with that?

15 THE COMMISSIONER: Well, I think  
16 there is no resuscitation.

17 MR. HUNT: Well, there might be a  
18 resuscitation, Mr. Commissioner, and it might be  
19 that during the course of it it is known that the  
20 child is going to die.

21 THE COMMISSIONER: Well, I would  
22 have thought that they would abandon it if there is  
23 no hope. But I may be wrong. Maybe medical efforts  
24 require you to continue even though you know it is  
25 hopeless, but I hadn't thought that was so.

MR. HUNT: Well, let me just explore  
it a little more if I might with the witness.





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THE COMMISSIONER: Yes, all right.

MR. HUNT: Q. During the course of your resuscitation I take it at some point it maybe clear to everybody that this child isn't likely to come back from this one.

A. Okay.

THE COMMISSIONER: Yes, and I can accept that if you put in likely.

MR. HUNT: Q. All right.

A. All right.

Q. And when that point arrives I take it the pressure is really off. It might be sad.

A. That's usually when we stop.

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Q All right. So, my point simply is this that to anyone -- well, all right, so usually when you stop I take it there would be cases where for some period of time after that it would go on to satisfy some hold-out as to whether or not the child is likely to come back, there would be cases where different people would come to that conclusion in different points of time during the resuscitation?

A Yes, quite often that was asked of the people involved, that question was posed, is it okay with everyone that we stop and if it wasn't then it would be continued on.

Q So, what I'm just asking you, as a general proposition that during these resuscitations the people involved working under stress, pressure, when one becomes satisfied in their own mind that the child is not going to make it then in terms of the pressure that exists that is gone?

A I can't answer that question.

MR. HUNT: All right. Do you want me to keep going?

THE COMMISSIONER: Well, it is whatever you like, Mr. Hunt. How long will you be?

MR. HUNT: I have several more areas.

THE COMMISSIONER: Oh, I think if this





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is convenient we will rise now until 9:30 for some  
and 10 o'clock or thereafter for the others.

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--- Whereupon the Hearing was adjourned at 4:30 p.m.  
until 10:00 a.m., Wednesday, February 22nd, 1984.

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